COUNTWAY LIBRARY
HC 3PEU F

SUICIDE

WYNN WESTCOTT

370

F. D. Mac Carty,

With the best thanks of

the author,

Wynn Westcott.

370

A Social Science Treatise.

SUICIDE

ITS

HISTORY, LITERATURE,

JURISPRUDENCE,

CAUSATION, AND PREVENTION.

BY

W. WYNN WESTCOTT, M.B. LOND.

DEPUTY CORONER FOR CENTRAL MIDDLESEX.

Joint Author of the

EXTRA PHARMACOPŒIA.

LONDON:
H. K. LEWIS, 136, GOWER STREET, W.C.
1885.

BOSTON MEDICAL
JAN 15 1925
LIBRARY

34Hs 108

TO

GEORGE DANFORD THOMAS, Esq., M.D.,

CORONER FOR CENTRAL MIDDLESEX,

THIS VOLUME IS

DEDICATED

WITH MUCH RESPECT AND ESTEEM

BY

THE AUTHOR.

Digitized by the Internet Archive
in 2025

https://archive.org/details/suide0000wwyn

PREFACE.

In preparing an Essay on Suicide, which I recently delivered before a Society of medical men in London, I found it impossible in the limited time at my disposal to do anything like justice to the gravity and importance of the subject.

The question is one well worthy of the earnest consideration of the community; indeed, it may be legitimately regarded as one of our Social Problems, as it involves matters which are intimately connected with our social organisation, and is with propriety embraced in our legislative enactments.

When we reflect, with satisfaction perhaps, that in England crime has been steadily decreasing, the fact that Suicide has been as steadily on the increase in Great Britain, and in almost every country in Europe, while it awakens our sympathy on behalf of the unhappy victims,

should stimulate our exertions towards promoting the diminution of this moral plague spot.

These considerations, added to the fact that there are but two books in the English language devoted entirely to this subject,—one dated as far back as 1840, and the other, a most valuable but almost entirely statistical work, translated from the Italian,—have induced me to re-arrange and extend my notes, and I now offer them to my professional brethren and other students of Social Science in the following short treatise on the History, Literature, Jurisprudence, Causation, and Prevention of Suicide.

As Deputy Coroner for Central Middlesex frequent opportunities are afforded me of investigating cases of Suicide, and I have added to this volume original instances and estimates derived from those suicidal deaths of London, upon which inquests have been held by Dr. Danford Thomas, or myself.

The works of Legoyt, Morselli, and Wagner, contain an almost complete estimation of the statistical proportions in regard to the causes and means of suicide in France, Italy, Germany, &c., and to them I am greatly indebted for such information.

The Bibliographical Index contains the titles of other works which have been consulted.

Let me hope that my humble efforts may tend in some degree to the prevention of self-destruction, and the promotion of a more robust and healthy public opinion on the subject: if this volume conduces to these ends my object will have been achieved.

In conclusion, I must express my deep obligation to my friend Dr. Duncan MacLarty, for his many welcome suggestions, and for his care in revising these sheets for the press.

Wm. Wynn Westcott, m.b.

4, Torriano Avenue,
London, N.W.

TABLE OF CONTENTS.

		PAGE
CHAPTER I.	Introduction; the Ethics of the Subject	1
„ II.	History: Ancient and Modern - - - -	7
„ III.	Notable Suicides: Ancient, of the Middle Ages, and Modern - - - - - -	17
„ IV.	Origin of the Name; Classic Authors, examples of the Literature of Suicide, English and Foreign - - - - - -	29
„ V.	Jurisprudence; Suicide as a Crime in England, and abroad - - - - - -	43
„ VI.	Jurisprudence; Suicide and Life Assurance; in respect to Marriage, and to Wills - - - - - - - - - - -	51
„ VII.	Present Rate, and Increase, in Europe -	58
„ VIII.	Causation in general, Classification - -	65
„ IX.	Effect of Race, Climate, &c. - - - - -	75
„ X.	Effect of Education, Religion, and Morality - - - - - - - - - -	81
„ XI.	Effect of Urban and Rural Life, and Employment; the effect of Military, Naval, and Prison Life - - - - -	93
„ XII.	Effect of Times and Seasons - - - - -	102
„ XIII.	Effect of Age, Sex, and Social State - -	107
„ XIV.	Mental Diseases - - - - - - - - -	116
„ XV.	Epidemic Suicide, and Suicide from Imitation, and for Notoriety - - - -	129
„ XVI.	Effect of Bodily Diseases, Alcoholism, Want of Sleep; Hereditary influence, and Spiritualism - - - - - - - -	135

PAGE

CHAPTER XVII. Effect of Tædium Vitæ, the Passions, Misery, and Despair - - - - - - 141

„ XVIII. The Means of Suicide, their relative frequency at home, and abroad - - 144

„ XIX. Suicide compared to Crime in General; Attempted Suicide, its relative amount - - - - - - - - - 154

„ XX. Suicide in British India - - - - - 161

„ XXI. The Prevention, and Treatment of the Suicidal tendency - - - - - 166

„ XXII. The Suicide of Animals - - - - - 174

Appendix, Rules of Assurance Companies - - - - - 180

BIBLIOGRAPHICAL INDEX - - - - - - - - - - - - 182

GENERAL INDEX - - - - - - - - - - - - - - - 187

CHAPTER I.

INTRODUCTION.

In every age of the world, and in the history of almost every country, we find instances more or less numerous of men and women who, preferring the dim uncertainty of the future to the painful realities of the present, have sought relief from all their troubles by suddenly terminating their own existence.

Misery and pain have been the lot of the human race ever since the dawn of history, and these causes have from the earliest times induced persons to destroy themselves, and even the fear of eternal punishment has not sufficed to deter them.

Sorrow, suffering, and mental disease are practically the only causes of Modern Suicide; but in the ancient world, suicides from these causes were either much more rare than they are at the present time, or else were passed over as unworthy of record, in the presence of suicides of a more honourable nature. Hundreds of instances have come down to us in which death has been self-sought and inflicted from an idea or conviction that such self-destruction was to be of obvious advantage to the state, or to the sufferer's family; or again, the fatal act was frequently committed as a point of honour to obviate the

disgrace and ignominy of falling into the hands of a conqueror ; or, again, to avoid pollution and shame at the hands of unscrupulous and debased tyrants.

The history of the Jews as narrated in the Old Testament probably shows fewer instances of Suicide than the records of any other nation (nine only in 4,000 years); but whether or no there has been any special interposition of Providence on their behalf, or whether the result has been due to the inherent virtues of the laws of Moses, this is not the proper place to discuss or decide.

It cannot be denied that the influence of religion has caused thousands to make a voluntary sacrifice of their lives, as offerings to their deities ; and thousands more have voluntarily courted death to prove the sincerity of their faith.

Madame de Stael has, with questionable propriety, pointed out that all the "martyr throng" were really instances of self-destruction instigated by devotion to faith, and that all suicides to avoid the stain of guilt are deaths of duty.

But, among the numberless faiths of the world, extinct, and now existing, many have had a direct tendency to invest the idea of self-destruction with a charm. Some because they taught the doctrine of total extinction at death ; others because they inculcated a belief in metempsychosis ; whilst others, again, have taught the certainty of bliss hereafter, if death occur, whether self-sought or otherwise, while fighting for the faith.

Philosophy also, which at different times sup-

planted or supplemented religious ideas, has often notably encouraged Suicide. The far-famed system of the Stoics, founded by Zeno, directly approved of it; to them it was the culminating point of self-abnegation, a flight from degradation. The equally notable system of the Epicureans also found in Suicide a congenial theme for panegyric; they believed in no future state, and proposed it as a means of escape from pain or annoyance here.

In recent times, accompanying periods of decline of religious fervour, new systems of mental and moral philosophy have sprung up and become popular; and these, if not openly advocating the cause and permissibility of self-murder, have never associated themselves with Christianity in condemning it. A perusal of the volumes of Voltaire, J. J. Rousseau, and of David Hume, will make this obvious.

But it seems probable that in the minds of many suicides there has been, below any religious faith, or philosophical dogma, the deeply-rooted conviction that death was a sleep and permanent rest, an eternal oblivion in the grave, and they consequently came to regard it as the grand solatium for present heart-breaking grief of mind, or intolerable pain of body.

No more powerful individual deterrent has been suggested than the firm unwavering mental conviction (which has always been propounded by the Christian church) that a self-inflicted death is an evil to which nothing on this side of the grave can compare,

disgrace and ignominy of falling into the hands of a conqueror ; or, again, to avoid pollution and shame at the hands of unscrupulous and debased tyrants.

The history of the Jews as narrated in the Old Testament probably shows fewer instances of Suicide than the records of any other nation (nine only in 4,000 years); but whether or no there has been any special interposition of Providence on their behalf, or whether the result has been due to the inherent virtues of the laws of Moses, this is not the proper place to discuss or decide.

It cannot be denied that the influence of religion has caused thousands to make a voluntary sacrifice of their lives, as offerings to their deities ; and thousands more have voluntarily courted death to prove the sincerity of their faith.

Madame de Stael has, with questionable propriety, pointed out that all the "martyr throng" were really instances of self-destruction instigated by devotion to faith, and that all suicides to avoid the stain of guilt are deaths of duty.

But, among the numberless faiths of the world, extinct, and now existing, many have had a direct tendency to invest the idea of self-destruction with a charm. Some because they taught the doctrine of total extinction at death ; others because they inculcated a belief in metempsychosis ; whilst others, again, have taught the certainty of bliss hereafter, if death occur, whether self-sought or otherwise, while fighting for the faith.

Philosophy also, which at different times sup-

planted or supplemented religious ideas, has often notably encouraged Suicide. The far-famed system of the Stoics, founded by Zeno, directly approved of it; to them it was the culminating point of self-abnegation, a flight from degradation. The equally notable system of the Epicureans also found in Suicide a congenial theme for panegyric; they believed in no future state, and proposed it as a means of escape from pain or annoyance here.

In recent times, accompanying periods of decline of religious fervour, new systems of mental and moral philosophy have sprung up and become popular; and these, if not openly advocating the cause and permissibility of self-murder, have never associated themselves with Christianity in condemning it. A perusal of the volumes of Voltaire, J. J. Rousseau, and of David Hume, will make this obvious.

But it seems probable that in the minds of many suicides there has been, below any religious faith, or philosophical dogma, the deeply-rooted conviction that death was a sleep and permanent rest, an eternal oblivion in the grave, and they consequently came to regard it as the grand solatium for present heart-breaking grief of mind, or intolerable pain of body.

No more powerful individual deterrent has been suggested than the firm unwavering mental conviction (which has always been propounded by the Christian church) that a self-inflicted death is an evil to which nothing on this side of the grave can compare,

and that to rush unsolicited into the presence of the Creator is an inexpiable crime.

As a general preventive, the force of a well directed system of education, acting on the probably unlimited capacity for improvement inherent in the human race, is the lever to which modern civilization is disposed to trust.

But as I have already stated, several modern systems of philosophy and ethics, whilst they are the offshoots and result of a more highly developed mind, yet have not assisted in the extinction of this blot, but have rather tended to exculpate suicide, and remove the idea of its moral sinfulness.

The line of argument with respect to our subject, which is followed by some of those who lead modern philosophical thought, may perhaps be briefly outlined as follows :—

> It is an essential attribute of Humanity that it is progressive; systems of Morality arise which are each of a higher nature than the preceding; there is no finality even in Religious improvement.
>
> All Religions become improved in the course of time, by casting aside their harsher outlines and less delicate features; for example, the Christian's Hell, from being a fiery corporeal dungeon, is developed into a period of mental torture and remorse.
>
> Even Christianity then is exalting itself; it has of late tacitly consented to the removal of earthly penalties from the sin of Suicide, penal-

ties which in a bygone age statute law borrowed from ecclesiastical law; this is one mark of its progressiveness.

Nothing is practically gained by calling Suicide a *crime*; no one about to slay himself to be rid of brain-distracting trouble will be restrained by the thought that his proposed action is *criminal*; in some cases self-destruction is contemptible and cowardly; in some it is venial; in some cases death is distinctly the lesser evil, in a few it has been honourable, and as such should escape all condemnation, and merit the approval of men of development and refinement. In conclusion, says Philosophy, neither marks of contempt to the corpse, nor legal forfeitures, nor branding the suicide's memory,—the three ecclesiastical penalties,—have had any obvious effect in checking the act.

Nothing but the increase of education will suffice to prevent those suicides which are prompted by immoral thoughts and feelings; as to the venial ones, such as we see in those who but anticipate the hour of release from the tortures of disease, why should we, who are not ill, grudge them this relief: and as to those inspired by the highest and most refined sentiments of honour, we are well content to live in a world in which such valour and self-sacrifice are exhibited.

The author hopes no individual will feel aggrieved at this *resumé* of the so-called *advanced* views on Suicide of to-day; he does not associate them with

any person in particular. These maxims simply represent the impressions remaining on his mind after several conversations with men who cultivate the modern developments of thought.

With this apology to the readers of these pages, the divergence between Christian and philosophic views is left behind; and the main object of the work is pursued in an independent scientific vein, without straying into the bye-ways of Ethical discussion.

CHAPTER II.

THE HISTORY OF SUICIDE.

THE history of Greece extends back to such a remote period that it is not clearly evident what the general opinion on Suicide was among its early inhabitants. However, a few landmarks occur. In such a dim past as the time of the Trojan War, Ajax, one of the Grecian heroes, slew himself, in a fit of passion, brought on by offended vanity. Lycurgus, the legislator of Sparta, was one who killed himself for his country's good.

STRABO, the historian, in his Tenth Book, tells us that at Ceos, the country of Simonides, B. C. 500, it was an established custom to allow the act of self-destruction to persons who had attained the age of 60, or who had become incapacitated by their infirmities. Several suicides can be directly traced to oracles; the great Oracle at Delphi has become especially notorious; Codrus, king of Athens, and Aristodemus, killed themselves distinctly in consequence of these oracular utterances.

There is a *tradition* mentioned by Plutarch, Pliny, and Virgil, that on the coast of Epirus, on the peninsula called Neritos (Virgil, Æneid, iii., 271), overlooking the Ionian Sea, was the hill then named Leucate, or Leucadia; here stood a Temple dedicated

to Apollo, and from this rock a suicidal leap into the sea became the common sequence to disappointed love, for the Greeks of those times. Sappho, a poetess, whose love for Phaon was unrequited, is said to have originated the custom ; an arm of the sea has, since then, cut off this promontory from the mainland, and the island is now called St. Maur. Tradition is evidence of the existence of a *custom*, even if it be objected to as proof of an individual fact.

Timon of Athens, the Misanthrope, whose exact era is also uncertain, is narrated to have been a suicide ; he met with some curable accident, but from his intense dislike of his fellowmen he refused all assistance, and allowed himself to die unrelieved. This was the philosopher who is said to have kept in his garden a fig-tree specially convenient for hanging oneself on, and which he refrained from having cut down, so as to be able to accommodate his friends. Shakespeare's play "Timon of Athens," refers to this odd character.

The Spartans, that brave and hardy race, are known to have disapproved of Suicide ; it is narrated that an honourable burial was refused to Artemidorus, who sacrificed his life unnecessarily at the battle of Platœa, which was fought B. C. 479, between the united Greeks and the Persians. Among the suicides of Greece, however, occur the names of some of her greatest men, lawgivers, orators, generals, philosophers, and statesmen ; although we find in Greek custom more condemnation of the practice than in Roman law.

In Thebes, it was a custom that no honours should be paid at the death of a suicide, and no funeral rites were allowed ; the body was ordered to be burned in the absence of the relatives of the deceased.

At Athens, a suicide was not allowed to be burned and his ashes preserved, as was the custom for the rich and great, if such died in war, or by a natural death. See Samuel Petit, "De Legibus Atticis."

The body was *buried* instead, and the right hand struck off and buried in a separate place. See Æschines, Ctesiphon, and in Plato, Laws, Book ix., regulations are laid down for the burial of suicides.

Aristotle, in his Ethics, v., cap. xi., describes his views of the crime, calling it a "sin against the state," and adds that the memory of the Suicide should be marked by infamy.

A reference to the List of Notable Suicides which follows in Chapter III., will show that persons of the highest intelligence have committed suicide at each epoch of ancient history.

In a survey of the history of Rome we find mention of an Epidemic of Suicide among the soldiers of Tarquin the First ; they were ordered to the task of excavating sewers in Rome, and believing this work to be derogatory to their dignity, they killed themselves in large numbers : the tendency was checked by an edict that the bodies of all suicides should be exposed to public view nailed on crosses. See Pliny, Nat. Hist., Book xxvi. cap. xv.

But in the very long period during which the Roman state was advancing to greatness, and throughout the times of the Republic, suicide was a very rare occurrence.

In the later part of Rome's history, during the empire, it became a very prominent crime; when luxury and sloth predominated, and the doctrines of the philosophers Zeno and Epicurus became fashionable, suicide became rampant. In the reigns of Claudius, A.D. 42, and Nero, A.D. 55, even Seneca, that cultured villain, acknowledged its practice to be *excessively* frequent, although he ultimately committed the act himself. At this time the prevailing sentiment was thus tersely expressed, "Mori licet cui vivere non placet," in the language of the Stoic school.

But throughout the whole history of Rome there was no statute declaring it to be either a crime or a misdemeanour, and no punishment for the attempt, among the people; but the soldiers of the state were restrained by a Military Law, and the attempt punished by ignominy. One such statute was published by the Emperor Hadrian, A.D. 138. See Digest of Roman Law, "De re militari."

VALERIUS MAXIMUS, Lib. 2, cap. 6, a Roman writer of the first century, *circa* A. D. 31, tells us that at Massilia, a colony, the Senate kept a supply of poison, which was distributed to applicants for the purpose of suicide, if the Senate thought their reasons sufficient. See Montaigne, Essais, Liv. iv., chap. 3.

PLINY the Elder, A.D. 79, says there are three diseases, to escape any one of which a man has a good title to destroy himself, and the worst of these is stone in the bladder; and he adds, "it is a privilege of man which Deity does not possess."

TACITUS, d. A. D. 135, remarks that among the

nobles, suicide was the frequent result of misfortune, or the public disgrace of falling under the displeasure of the Emperor.

MARCUS AURELIUS, *circa* A. D. 150, is said to have remarked that "a man had as much right to leave the world as he had to leave a room full of smoke."

DIOGENES LAERTIUS, *circa* A. D. 220, tells us that the greatest leaders of men advised the wise to its commission. Lib. viii., i. 66.

LIVY, CÆSAR, and TACITUS mention that the warlike, semi-savage races who peopled North and West Europe, the Iberians, Gauls, Cimri, and Germans, were all much addicted to self-slaughter, especially in order to avoid slavery, and the shame of defeat.

LIVY also speaks of its prevalence among the people of Northern Africa, in the time of Scipio, a Roman general, who was engaged in the Punic wars, and who had ample opportunities of observation in those countries.

PLUTARCH, in his Life of Alexander the Great, narrates the death of the Brahmin Calanus, who burned himself with much ceremony in the presence of the Macedonian army, and apparently without any particular reason.

The Brahmin Sages of the Hindoo races taught the virtues of suicide, as a mode of escape from the pangs of disease and the weakness of old age.

JOSEPHUS, in his "History of the Wars of the Jews," Lib. vii., cap. 34, gives a full description of the frightful suicidal slaughter among them at the siege of Jerusalem, in which he himself was engaged, and in which self-destruction his faithful guard Simon

begged him to participate, and after its capture, some thousands, under Eleazar, retired to the fortress of Massada, and there killed themselves to avoid falling into the hands of the Romans.

The doctrines of Mohammed in respect to suicide are revealed in numerous parts of the Koran; it is spoken of as a crime which rouses all the anger of Allah, and warns believers that its commission will be punished in another life. See Koran, iv., v. 33. "Do not kill yourselves, for God is merciful, and whosoever killeth himself through malice and wickedness, shall assuredly be burned in hell fire."

A celebrated Ottoman says, "This crime is of a more grave nature than homicide." The Koran, Surah iii. v. 149, says, "Man does not die but by the will of God, and at the end of his appointed time."

And the Mohammedan races have throughout history exhibited an avoidance of suicide, which is markedly seen where these dwell in apposition to the Brahmin races of India, who have always rejoiced in self-destruction; casting themselves into their sacred rivers, and leaving their old people on the banks to be drowned; throwing themselves beneath the wheels of their idol statues, and insisting on the self-sacrifice of the widows of their nation.

Legoyt mentions that in Armenia, in ancient times, the house of a suicide was cursed and then burnt.

The Tartar races of Central Asia avoid suicide.

In the ancient kingdom of Persia, it was a rare occurrence, no doubt because it was forbidden by the Magian religion.

The only Mohammedans who have approved of suicide have been dissenters from the pure faith of Islam; such sects as those of the Assassins under the leadership of the Sheik Al Djebal, the "Old Man of the Mountain," and the disciples of Babek and Karmath, who massacred the inhabitants of Mecca in the tenth century.

In China and in Japan, even up to our own times, Suicide has been regarded as a virtue; life is held cheaply there, and if a mandarin or other official be superseded, he turns quite naturally to suicide as the proper end of his existence; but during the last few years in Japan, especially where there has been intercourse with Europeans, there are regulations intended to prevent it; ten years imprisonment is the punishment for the attempt in the case of lovers.

Until lately it was the custom for a man of honour who had been insulted by another, to rip his body open with a sword, in presence of his opponent, calling on him to do likewise; the aggressor was dishonoured for ever if he failed to do so.

The Peruvians and Mexicans, at the time of the Spanish conquest, killed themselves in large numbers rather than be slain or made captive by the invaders.—Falret.

The Priests of Ancient Egypt, who were the philosophers of the nation, by their doctrines of a universal soul and metempsychosis, contributed not a little to popularise suicide.—Bayle.

Sesostris, who had become blind, killed himself, with calmness and reflection.

But at a later date, following the death of Cleopatra, it became even more usual; a society existed for the

purpose of associating together persons desirous of self-inflicted death.—Buonafede.

Among the Chaldeans, as among the Hebrews, suicide seems to have been rare.

On the coast of Malabar, it was the custom for wives to throw themselves on the funeral pyres of their husbands.—Voltaire. And among the Negro races of Africa the same custom has been noted.

Among the aboriginal natives of the North American Continent, somewhat similar customs prevailed to those referred to in India among the Brahmins; wives and slaves had to sacrifice themselves at a chief's funeral.

The ancient Scandinavian tribes, the worshippers of Odin, anticipated their entry after death into the Hall of Valhalla, otherwise "the hall of those dead by violence," and hence old persons and others who had failed to die in battle, were led to seek death at their own hands.

Christianity, the greatest Religion, founded upon and springing from the decadent Jewish Faith, at once condemned suicide, thus following up the traditions which the Jews had preserved from their earliest times.

The Fathers of the Christian Church denounced it; St. Augustine in his "City of God," St. Chrysostom, and Thomas Aquinas, are particularly prominent in inveighing against the enormity of the offence, and yet even these condoned the sin in certain instances.

The Councils of the Church repeatedly censured it.

The Council of Arles, A.D. 452, condemned it as a crime, which could only be due to diabolical energy.

The Council of Braga, A.D. 563, repeated the condemnation.

The Council of Auxerre, A.D. 578, inflicted a penalty on its commission, viz.: no commemoration was to be made in the Eucharist, and no Psalms were to be sung at the burial.

The Council of Troyes of the ninth century renewed these ecclesiastical penalties.

Pope Nicholas I. says, "a suicide must be buried, but only lest the omission should be offensive to others."

Charlemagne adopted the principle of refusing the Mass, but allowed psalms and charitable subscriptions for prayers for the dead to be used, because, he said, "no one can sound the depths of God's designs."

The Roman Catholic canon law, section De Pœnitentia, assures us that Judas committed a greater sin in killing himself than in betraying his master Christ to a certain death.

In our own country we find the Anglo Saxon King Edgar assimilated the crime of suicide to that of murder in general, and ordered that the suicide was not to be buried in holy (*i.e.* consecrated) ground, and neither psalms nor masses were to be used.

For several centuries afterwards, the civil lawgivers of England remained content to allow suicide to fall under Ecclesiastical Law, but at the Reformation the Ecclesiastical Statutes were incorporated with the Statute law of the realm, thus constituting it a civil offence as well as a great moral crime.

In France, Louis IX., Saint, d. 1270, enforced the penalty of the confiscation of the property of a

suicide; and by the criminal law of Louis XIV., dated 1670, the statutes relating to suicide were revised, and the body was ordered to be dragged at the cart's tail.

It became the custom of Normandy to insist on forfeiture of estate if the suicide was committed to avoid punishment, and not otherwise.

The Parliament of Toulouse also decided in this manner.

In the 14th century Charles V. imposed this law on all the country under his dominion; and indeed it remained in force in France until 1789, when it was repealed by the National Assembly, because it impeded human liberty of action. Suicide is not a crime in the Code Napoleon.

Yet in the early Christian centuries suicide lingered on as an occasional virtue, either for the purpose of preserving the faith, or to avoid apostacy, to procure the honour of martyrdom, or to retain the crown of virginity: some eminent Christian teachers have considered such deaths desirable. The Roman Catholic Saints Pelagia and Sophronia were examples of canonised suicides; and two widows, Berenice and Prosdocea, are praised by St. Chrysostom for destroying themselves to avoid pollution.

CHAPTER III.

NOTABLE SUICIDES.

I.—Mentioned in the Bible.

Abimelech, 1206 B.C., King of the Shechemites. Judges, cap. ix.

Samson, 1120 B.C., Judge of Israel. Judges, cap. xvi.

Saul, 1050 B.C., the first King of Israel. I. Samuel, cap. xxxi.

Saul's Armour Bearer, an Amalekite, loc. cit.

Ahitophel, 1023 B.C., Counsellor of David. II. Samuel, cap. xvii.

Zimri, 929 B.C., King of Israel. II. Kings, cap. xvi.

Eleazar, 164 B.C., one of the Maccabees. I. Maccabees, cap. vi.

Razis, 162 B.C., a Jewish Elder. II. Maccabees, cap. xiv.

Judas Iscariot, A.D. 33, the Traitor. Acts, cap. i.

Pontius Pilate, A.D. 36, Procurator of Judæa. Josephus. Antiquities, xviii., 4, 1, 2, and also Eusebius, History, cap. ii. 7.

II—.Classical.

Sesostris, or Rameses the Great, King of Egypt, killed himself in despair at having lost his sight.

Menon, 2000 B.C., Governor of Nineveh, first husband of Semiramis, afterwards Queen of Assyria ; he hung himself when Ninus the King became enamoured of his wife.

Ajax, 1184 B.C., in the Trojan War, slew himself in a frenzy of anger against Ulysses, to whom instead of to himself the armour of the dead Hector had been allotted.

Codrus, 1070 B.C., the last King of Athens ; he was at war with the Heraclidæ, an oracle had foretold that the victory would fall to the nation whose king died in battle. Codrus entered the enemy's camp in disguise, provoked a quarrel with two of the soldiers, and was killed by them.

Dido, 1000 B.C., Princess of Tyre, widow of Sichæus, having founded Carthage, stabbed herself on her funeral pile, to avoid marriage with Jarbos, she having vowed eternal fidelity to her husband's memory.

Lycurgus, 900 B.C., Lawgiver of Sparta, prepared a code of laws for the people, bound them to observe these laws during his absence, then left the State, and destroyed himself. These laws remained in force for 700 years.

Sardanapalus, 759 B.C., King of Assyria, burned himself in his palace with his wives.

Aristodemus, 730, B. C. having killed his daughter

to propitiate the oracle at Delphi, slew himself on her tomb, from remorse.

Charondas, 560 B.C., the Lawgiver of Catana, a Greek colony in Sicily, made it a law, with the penalty of death, that no man should enter the assembly armed: returning one day from pursuing some robbers beyond the city, he entered the assembly to report, without having laid aside his weapons. Being taxed with breaking his own laws, he slew himself on the spot.

Lucretia, 510 B.C., wife of Tarquinius Collatinus, stabbed herself in the presence of her husband and father as a protest against her attempted rape by Sextus, son of Tarquinius Superbus.

Artemidorus, 479 B.C., threw his life away in the battle of Platæa.

Themistocles, 449 B.C., an Athenian General, was banished, and ultimately poisoned himself.

Isocrates, 436 B.C., an Athenian orator, starved himself to death, on account of the defeat of his countrymen in the battle of Cheronæa.

Empedocles, 435 B.C., poet and philosopher, threw himself into the crater of Mount Etna.

Appius, the Decemvir, 400 B.C., killed himself in prison, where he was cast by the Tribunes after the storm of popular indignation which followed his attempted seduction of Virginia.

Decius Mus, 338 B.C., Roman Consul, threw away his life in battle against the Latins, as did his son, B.C. 296, and his grandson, B. C. 280.

Demosthenes, 325 B.C., the most celebrated orator

of antiquity, poisoned himself to escape from the pursuit of the soldiers of Antipater.

Nicocles, 310 B.C., King of Paphos, in Cyprus, intrigued against Ptolemy, and destroyed himself, and his whole family did the same, to avoid being disgraced.

Brennus, 278 B.C., a Gallic general, invaded Greece, but his army being defeated, he killed himself in a fit of intoxication.

Zeno, 264 B.C., founder of the Stoic sect of philosophers, in walking in his school one day, he fell and broke a finger ; this so disgusted him with life in this world, that he went straight home and strangled himself.

Regulus, 251 B.C., a Roman consul during the First Punic War, was defeated and taken prisoner to Carthage. Some years after he was allowed to go to Rome to negotiate an exchange of prisoners, having first been compelled to bind himself by an oath to return if unsuccessful. On arriving in Rome he dissuaded his countrymen from the proposed terms and then promptly returned to certain death at Carthage.

Theoxena and Her Husband threw themselves into the sea to escape capture by the soldiers of Philip of Macedon.

Cleanthes, 240 B.C., a Stoic philosopher, starved himself because he was seized with an illness, preferring death to lingering disease.

Hasdrubal, the Wife of, 216 B.C., set fire to a temple and threw herself and her two children into

the flames rather than fall into the hands of Scipio the Roman general. Her husband was a Carthaginian general who fought in the Second Punic war.

Sophonisba, 203 B.C., was the daughter of Hasdrubal the Carthaginian general, married to Syphax, Prince of Numidia; but she fell a captive into the hands of Masinissa, who then took her to wife, but Scipio the Roman general having seen her, also fancied her as a wife, so she drank poison to avoid this second change.

Eratosthenes, 194 B.C., mathematician, starved himself to death because he found his sight failing him.

Hannibal, 183 B.C., a celebrated Carthaginian general, being defeated by Scipio at Zama, fled to Bithynia, but being pursued even there, killed himself by means of poison, which he always carried about him concealed in rings.

Cleombrotus, a young Greek philosopher, who after reading the Phædon of Plato, threw himself off a wall into the sea. (Ovid.)

Aristarchus, 157 B.C., grammarian and critic, starved himself to death, at Cyprus, after being banished from Alexandria.

Caius Gracchus, 121 B.C., Tribune of Rome, was killed by a slave at his own request, after defeat by the consul Opimius.

Antiochus of Cyzicus, 95 B.C., King of Syria, killed himself when dethroned by Seleucus.

Mithridates, King of Pontus, 63 B.C., killed

himself to avoid falling into the hands of the Romans, after being defeated by Pompey.

Lucretius, 54 B.C., Roman poet and philosopher, destroyed himself in his forty-fourth year.

Ptolemy, 50 B.C., King of Cyprus, killed himself by poison.

Cato, Marcus, 46 B.C., having opposed Cæsar, unsuccessfully, retired to Utica, and feeling too proud to humiliate himself before a conqueror, stabbed himself, and died the same night, after spending his last hours in reading Plato's Phædon, a dialogue on the Immortality of the Soul.

Brutus, 42 B.C., Roman statesman, slew himself with his sword after defeat at the battle of Philippi:

Portia, his wife, killed herself by swallowing red-hot coals on hearing of her husband's death.

Cassius, 42 B.C., Roman general, being defeated at the battle of Philippi by Antony and Octavian, threw himself on his sword.

Pomponius Atticus, 33 B.C., man of letters, starved himself, because he became afflicted with some intestinal disease.

Mark Antony, 30 B.C., Roman Consul, general, and statesman, being defeated at the battle of Actium, and deserted as he thought by Cleopatra, cut open his bowels and died in terrible agony.

Cleopatra, 30 B.C., Queen of Egypt, the beloved of Antony, on hearing of his death, killed herself. The only mark of injury on her body was a small puncture on the arm; it is doubtful whether this was caused by the bite of an asp, or by a poisoned bodkin.

Cocceius Nerva, A.D. 20, an eminent lawyer and favourite of the Emperor Tiberius, starved himself as a protest against the extravagance of the Court.

Gallus, A.D. 26, Roman poet, killed himself when exiled for treason: he was a friend of Virgil.

Arria and her husband Pætus, A.D. 45. Pætus had revolted against the Emperor Claudius, without success. Finding his condemnation unavoidable, Arria stabbed herself, calling on her husband to imitate her, which he did.

Boadicea, A.D. 60. Queen of the Iceni in Britain, in the time of Nero, being defeated by the Roman General Suetonius, she poisoned herself.

Apicius, A.D. 64., the greatest glutton known to history, hanged himself.

Seneca, A.D. 65, Rhetorician, and tutor to Nero, opened his veins and bled himself to death, when under condemnation for conspiracy. Paulina, his wife, opened her veins at the same time.

Lucan, A.D. 66, a Roman poet, being concerned in the same conspiracy as Seneca, killed himself in the same manner.

Nero, A.D. 68, Emperor of Rome, was condemned for his villanies to be whipped to death; to avoid this execution he destroyed himself.

Otho, A.D. 69, Roman Emperor, after a reign of three months, was defeated by Vitellius, and then slew himself in disgust.

Jews, the, at the Siege of Jerusalem by Titus, A.D. 70. Josephus narrates that the Jewish soldiers destroyed themselves in large numbers, and endeavoured to prevail on him to do the same.

Claviere, E., 1793, the Girondin, stabbed himself; and his wife killed herself after him.

Condorcet, M. J. A., 1794, French Mathematician, killed himself in prison.

Roland, 1795, French Minister, by a sword thrust.

Romme, 1795, French Statesman, by stabbing.

Pichegru, C., 1804, French General, strangled himself with his scarf when in prison, accused of plotting against the government.

Villeneuve, P., French Admiral, 1806, stabbed himself when suffering from melancholia.

Levy, Lyon, 1810, a Jewish diamond merchant, jumped off the Monument, London.

Williams, 1811, the murderer of the Marr family.

Kleist, H. Von., 1811, German author, shot himself after killing a lady to whom he was much attached, at her request.

Berthier, L. A., 1815, French General.

Romilly, Sir S., 1818, Jurist and M.P., killed himself three days after the death of his wife.

Christophe, 1820, King of Hayti.

Englishman, an, 1820, threw himself into the crater of Vesuvius.

Campbell, Sir G., 1821, English Admiral.

Castlereagh, Lord, 1822, cut his throat.

Saint Simon, C. H., 1822, a Frenchman, founder of a religious sect.

Brachmann, Luise, 1822, German poetess.

Montgomery, 1828, took prussic acid, when a prisoner for forgery, in Newgate.

Condé, Prince de, 1830, hanged himself.

Robert Leopold, 1835, painter, cut his throat, from jealousy.

Gros, Baron, 1835, painter, drowned himself from disappointment.

Colton, C. C., 1832, an eccentric clergyman, author of "Lacon."

Moyes, Miss E., 1839, jumped off the Monument, London, because her father, being reduced in circumstances, it was decided that she should earn her own living.

Beresford, Lord James, 1841.

Munster, Earl of, 1842, son of William IV.

Blanchard, Laman, 1845, journalist.

Haydon, B. R., 1846, painter, on account of money troubles, shot himself.

Praslin, Duc de, 1847, his wife was found murdered; he was arrested on suspicion, and was found self-slain in prison.

Watts, Walter, 1850, Lessee of the Olympic Theatre.

Bourg, St. Edme, 1851, author; found strangled by his scarf.

Layard, Lieut.-Col., 1853, of "Nineveh" fame.

Robinson, Rev. T, 1854, threw himself off the cliffs at Dover.

Franks, Dr., 1855, editor of the *Allgemeine Zeitung*, after killing his son.

Sadleir, John, m.p., 1856, by prussic acid, when found guilty of Bank frauds.

Smart, A., 1856, a watchmaker, threw himself down from the Whispering Gallery in St. Paul's.

Miller, Hugh, 1856, geologist, from overwork.

Russell, Chas., 1856, Chairman of the Great Western Railway.

Moser, Isaac, 1861, a millionaire Jew.

Fitzroy, Admiral, 1865, meteorologist.

Green, G. W., 1867, a merchant, jumped off Suspension Bridge at Clifton.

Warder, Dr. A. W., 1867, at Brighton, after murdering his wife.

Theodore, Emperor of Abyssinia, 1868.

Lee, Thomas, 1868, threw himself from the North Tower of the Crystal Palace.

Prevost-Paradol, 1870, French Minister.

Bowley, R. K., 1870, Manager of the Crystal Palace.

Matthiessen, Dr., 1870, eminent chemist.

Willes, Sir James S., 1872, eminent judge, from overwork.

Delawarr, Earl, 1873, when insane.

Abdul Aziz, 1876, Sultan of Turkey, veins of the bend of the arm opened by scissors.

Lyttleton, Lord George, 1876, eminent scholar, when insane.

Butcher, Dr. Sam., 1876, Bishop of Meath, when insane.

Brandon, Raphael, 1877, architect.

Mahomed, Ismail Khan, 1883, an Afghan surgeon, by prussic acid.

CHAPTER IV.

LITERATURE.

The Literature of the subject is of very diverse character. France, Italy, and Germany have produced many works on suicide as a fact. England has been content with one work on suicide, that of Forbes Winslow, "The Anatomy of Suicide," dated 1840. "It is an interesting collection of anecdotes, arranged without much regard to method or authenticity." (Athenæum.)

The thoroughly scientific statistical work of H. Morselli, of Turin, has been recently published in an English form, but it is hardly a readable book, consisting almost entirely of statistics ; and the subject, moreover, is treated from an Italian standpoint, and for these reasons has not found many readers in this country.

There are, however, plenty of references to suicide in English literature, and some essays, chiefly in its defence. Some of these I catalogue here, and also several references from French literature. I also add a few examples of authors of Greece and Rome who concerned themselves with the subject. Of foreign works relating to suicide, a list will be found in the Bibliographical Index.

Among the authors of Greek and Roman civilization, in favour of allowing suicide to be committed, were—

Aristippus, *circa* 360 B.C., founder of the Cyrenaic philosophy.

Hegesias, a Cyrenaic philosopher, *circa* 300 B.C.

Epicurus, d. 270 B.C., founder of the Epicurean philosophy.

Zeno, d. 264 B.C., founder of the Stoic philosophy.

Cleanthes, d. 240 B.C., a pupil of Zeno.

Cicero, d. 43 B.C.

Seneca, d. A.D. 65.

Pliny the Elder, d. A.D. 79.

Epictetus, d. *circa* A.D. 100.

Plutarch, d. A.D. 140.

Marcus Aurelius Antoninus, a Stoic, d. A.D. 180.

Diogenes Laertius, *circa* A.D. 200.

The following famous authors denied its permissibility, and condemned those who practised it:—

Pythagoras, d. 520 B.C.

Socrates, d. 399. B.C.

Plato, d. 348 B.C.

Aristotle, d. 321 B.C.

Aeschines, d. 314 B.C.

Virgil, d. 19 B.C. (See Æneid, vi. 434.)

Pliny the Younger, A.D. 116.

Lucian, d. A.D. 180.

Plotinus, d. A.D. 270.

According to Morselli of Turin, the word "*suicide*" originated in France, in the middle of the last century.

In this matter he apparently copied French authors who claim that it was first used in the "Dictionnaire de Trevoux" (the town of Trevoux), by Desfontaines, in 1752. It appears along with *Parricide* in the "Dictionnaire de l'Academie Française," of 1762.

Richelet, in his famous French Dictionary of 1680, has, I find, *Parricide*, but not *Suicide*.

So much for France. With regard to England, Archbishop Trench says, "Up to the middle of the seventeenth century our good writers use *self-homicide*, never *suicide*." Nathan Bailey, in his English Dictionary, 2nd ed. 1736, gives the word "*suicide*."

But the word is much older even than that; in the introduction to Edward Phillips' "New World of Words," dated 1662, these remarks are to be found: "One barbarous word I shall produce, which is *suicide*, a word which I had rather should be derived from *sus*, a sow, than from the pronoun *sui*, unless there be some mystery in it; as if it were a swinish part for a man to kill himself." Some English Dictionaries, such as Wright's, give the obsolete word "*suicism*."

"Suicidium" looks like a Latin word, but is not so, although Nathan Bailey in the 30th edition of his Dictionary says it is; the modern term "Suicide," is of course derived from the Latin words "sui," self, and "cædo" to kill; but the ancient Romans, although familiar with the fact, used a phrase to express it. They said, "sibi mortem consciscere" (Cicero, Oratio pro Cluentio), "to procure his own death"; and "veneno mortem sibi consciscere" for "to poison himself," or "to

procure death for himself by poison." They also used as alternative phrases "vim sibi inferre," "to cause violence to himself," Velleius Paterculus; "sua manu cadere," Tacitus, Annales; and "mors voluntaria," Cicero, Epistolæ ad familiares.

The ancient Greek phrase for "suicide," was *απολακτισμος βιου*, Æschylus; "a suicide" was *αυτοφονος*, Æschylus; for our phrase "to commit suicide" they used a verb *αυτοκτονεω*, Sophocles.

Euripides uses *αυτοκτονος*: in Plato is found *αυτοχειρια*, and also in Euripides; two other forms of speech were *εμαυτον διαχραομαι*, Æschines, and *εμαυτον βιαζομαι*, Plato.

The Germans use the term "Selbstmord," the Italians "il suicidio."

The following English Authors have either written, treatises on suicide, or else have made mention of it in their works.

The list is of course not complete, but it represents the views of many writers of eminence from the time of Henry the Eighth to a recent date.

Sir Thomas More, in his "Utopia," dated 1516, Book II., writes: "But yf the disease be not onelye yncurable, but also full of contynuall payne and anguishe; . . . . and seinge his lyffe to him is but a tormente, that he wyl not bee vnwillinge to dye, but rather take a good hope to him, and either dispatche himselfe out of that payneful lyffe, as out of a prison, or racke of torment, or elles suffer hymselfe wyllinglye to be ridde oute of it by other."

These lines are from the English translation by Ralph Robinson, 1551.

SHAKESPEARE (d. 1616) in "Julius Cæsar," Act V. Scene 1., makes Brutus say :—

"Even by the rule of that philosophy,
By which I did blame Cato for the death
He gave himself :—I know not how,
But I do find it cowardly and vile,
For fear of what might fall, so to prevent
The time of life :—arming myself with patience,
To stay the providence of some high powers,
That govern us below."

And in "Hamlet," Act I., Scene 2, writes :—

"O, that this too, too solid flesh would melt,
Thaw and resolve itself into a dew;
Or that the Everlasting had not fixed
His canon 'gainst self slaughter, O God! O God!
How weary, stale, flat, and unprofitable
Seem to me all the uses of this world."

And in Act III., Scene 1, is found the long passage commencing, "To be, or not to be; that is the question ;—" in which the relative merits of life and death are discussed.

In "Othello," Act I., Scene 3, he makes Roderigo say, "I will incontinently drown myself." "It is silliness to live when to live is a torment;" to which Iago replies, "a pox on drowning thyself! it is clean out of the way : seek thou rather to be hanged in

compassing thy joy, than to be drowned and go without her."

Dr. John Donne, d. 1631, wrote an essay on this subject, entitled 'βιαθανατος, or That self-slaying is not so naturally sin that it may never be otherwise.

Massinger, the Dramatist, d. 1640.

" This Roman resolution of self-murder
Will not hold water at the High Tribunal
When it comes to be argued ; my good genius
Prompts me to this consideration. He
That kills himself t'avoid misery, fears it ;
And at the best shows a bastard valour."

Milton, d. 1674, says :—

" Nor love thy life, nor hate : but what thou liv'st
Live well ; *how long or short permit to Heaven.*"

Sir Thomas Browne, d. 1682, author of " Religio Medici," wrote, " Suicide is, not to fear death, but yet to be afraid of life."

Sir Wm. Temple, d. 1699, said, " A man should depart this life when he has no further pleasure in remaining."

Henry Dodwell, the learned Non-juror, d. 1711, was the author of an " Apology for Suicide."

Robert Fleming, d. 1716, Nonconformist Minister, wrote " The command ' thou shalt not kill ' forbids suicide as well as homicide.'"

George Sewell, d. 1726, in a poem called "The Suicide," writes :—

"When all the blandishments of life are gone,
The coward shrinks to death, the brave live on."

Richard Savage, d. 1743. In his poem "The Wanderer" are these lines :—

"From me (she cries), pale wretch, thy comfort claim,
Born of despair, and Suicide my name !
Why should thy life a moment's pain endure ?
Here every object proffers grief a cure.
She points where leaves of hemlock blackening shoot !
Fear not, pluck ! eat (said she) the sovereign root !
Or leap yon rock, possess a watery grave,
And leave thy sorrow to the wind and wave !
Or mark—this poniard thus from misery frees !
She wounds her breast ! . . . ."

Samuel Richardson, in "Clarissa Harlowe," 1749 : "To be cut off by the sword of injured friendship is the most dreadful of all deaths, next to suicide."

Edward Young, d. 1765, in his "Night Thoughts," Night V., The Relapse :

"The bad on each punctilious pique of pride,
Or gloom of humour, would give rage the rein ;
Bound o'er the barrier, rush into the dark,
And mar the schemes of Providence below.
. . . . . .
O Britain, infamous for suicide ! "

Dr. Johnson, in 1773, was asked: "Suppose that a man is sure that, if he lives a few days longer, he shall be detected in a fraud, the consequence of which will be utter disgrace and expulsion from society, should he make away with himself?" and he answered, "Then, let him go abroad to a distant country, let him go to some place where he is *not* known. Don't let him go to the Devil, where he *is* known."

Hume, David, d. 1776, the historian, was unable to condemn the practice, and indeed wrote an "Essay on Suicide," showing that it was consistent with our duty.

Blackstone, d. 1780, "Commentaries," Book IV., cap. 14: "The suicide is guilty of a double offence: one spiritual in evading the prerogative of the Almighty; the other temporal, against the king, who hath an interest in the preservation of his subjects."

Dryden, d. 1700, writes:

"Brutus and Cato might discharge their souls,
And give them furloughs for another world;
But we like sentries, are obliged to stand
In starless nights, and wait th'appointed hour."

And in his Fables speaks of Suicide in terms of abhorrence:

"The slayer of himself too, saw I there:
The gore, congealed, was clotted in his hair.
With eyes half closed, and mouth wide ope, he lay,
And grim as when he breathed his sullen soul away."

Gibbon, Edw., the historian, d. 1794, was in favour of its permissibility under certain circumstances.

MASON, WILLIAM, d. 1797, writes :

"Unlicensed to eternity ! Think ! think !
And let the thought restrain thy impious hand."

PALEY, REV. WM., d. 1805, the great Biblical scholar, discusses the question of Suicide. He concludes that its commission argues against our reverence for the Deity, exhibits a want of religious fortitude, and a deficiency of regard for our future state.

TOM PAINE, d. 1809, in his "Age of Reason," approves of Suicide, and more than one case has been traced directly to the mental and moral effect of reading this work.

LORD BYRON, d. 1824, in his "Don Juan," c. xiv., v. 4, writes :

"A sleep without dreams after a rough day
Of toil, is what we covet most ; and yet
How clay shrinks back from mere quiescent clay !
The very Suicide that pays his debt
At once without instalments (an old way
Of paying debts, which creditors regret),
Lets out impatiently his rushing breath,
Less from disgust of life, than dread of death."

SIR CHAS. MORGAN writes : "What poetical suicides and sublime despair might have been prevented by a timely dose of blue pill, or the offer of a Loge aux Italiens !"

COLTON, d. 1832, in his "Lacon," writes : "Suicide sometimes proceeds from cowardice, but not always ; for cowardice sometimes prevents it : since as many live because they are afraid to die, as die because they are afraid to live."

It has been affirmed that the works of ROBERT OWEN, of Lanark, d. 1858, manufacturer and social economist, who was author of several visionary schemes for the mutual advancement of men, have, like those of Tom Paine, led to the commission of self-destruction.

. . . . . ?

"We are the fools of time and terror: Days
Steal on us, and steal from us, yet we live
Loathing our life, and dreading still to die
In all the days of this detested yoke—
This vital weight upon the struggling heart,
Which sinks with sorrow, or beats quick with pain,
Or joy that ends in agony, or faintness—
In all the days of past and future, for
In life there is no present, we can number
How few,—how less than few, wherein the soul
Forbears to pant for death, and yet draws back
As from a stream in winter, though the chill
Be but a moment's . . ."

DR. HENRY MAUDSLEY writes: "Any poor creature from the gutter can put an end to himself; there is no nobility in the act, and no great amount of courage required for it. It is a deed rather of cowardice shirking duty, generated in a monstrous feeling of self, and accomplished in the most sinful, because wicked ignorance. Even if the act of Cato did not speak for itself, he was far too self-conscious. Montaigne tells us that he was given to drinking, and the Catos, as a race, were noted for rigid severity of character, which mostly signifies narrowness of vision, self-love, and conceit."

Foreign Literature.

Desfontaines, in the Supplement du Dictionnaire de Trevoux, 1752, first uses the term "Suicide" in French Literature.

Duverger de Haurane, Abbot of St. Cyran, the patriarch of the Jansenists, wrote in 1608, a treatise on Suicide, speaking of it as equally permissible with the right of fellow men to execute judicially: he adds, "A man may kill himself for the good of his prince, for that of his country, or for that of his relations."

Maupertuis, Pierre de, approved of its commission when life becomes wearisome. See "Œuvres," 1752.

Montaigne, Michel de, "Essays:" these have much information of an historical character. See Lib. II. cap. iii., "The Custom of the Isle of Ceos," also many references to the death of Cato.

Montesquieu, who, in his "Lettres Persanes," written in the character of a Persian gentleman resident in Europe, speaks of Suicide with favour, yet does not mention it by this title; in the 74th letter he gives a complete apology for it. See also his "Esprit des Lois" for other remarks on the crime. To this author is due the credit or discredit of the observation that England is the classic land of Suicide.

Voltaire, in his "Commentaire sur l'esprit des Lois," approves of suicide, and does make use of this term; but in others of his works he condemns it; in short, he appears to have been undecided in the

matter. It is narrated of him, that he and a friend contemplated and decided one evening on committing the act, but Voltaire had altered his mind in the morning.

Madame de Stael, in her youth, wrote an Essay approving of Suicide; but, later in her life, wrote "Reflexions sur le Suicide," 1813, in which she recanted many of her opinions. She remarks that some suicides are a matter of duty; such are the deaths in a forlorn hope on the battle field; others were honourable as those of Cato, Decius, Codrus, and Regulus. Again, she says, "to prefer death to guilt is a suicide of duty, and such were all martyrdoms." She discards the doctrine that the suicide is a coward; he is a man who has conquered even "the fear of death."

Rousseau, J. J., wished that it were permissible; He called it, however, "un vol fait au genre humain." See Nouvelle Heloise. He is said by some authorities to have caused his own death by taking arsenic.

Lamartine condemns the practice (see his remarks on the death of Cato) in the "Cours de Litterature."

Elias Regnault says, "It is for man the highest expression of his liberty."

Falret, J. P., "C'est un acte de délire."

Rivarol, Antoine, "L'orgueil est toujours plus près du suicide que du repentir."

Chateaubriand, François A., "Les suicides sont toujours communs chez les peuples corrompus."

La Luzerne, C. Guillaume, "La religion enleve au suicide l'excuse, le prétexte, la sécurité, que lu donne l'incredulité."

TAINE, H. "Quand la douleur est extrême l'homme se réfugie, dans tous les asiles, jusque dans le suicide, jusque dans la folie."

SAINTE BEUVE, the poet, wrote, under the pseudonym of Joseph Delorme, an apology for suicide, in verse.

PRUDHOMME, "La communauté aboutit par toutes ses voies au Suicide;" and again, "Le suicide est une banqueroute frauduleuse."

L'ABBE BAUTAIN, "Le suicide est à la fois une grande absurdité, et un grand crime."

GIRARDIN, E. DE, "Bonaparte a declaré que tout soldat qui se tue, est un soldat qui déserte."

I venture to add here three other French references to the word:

PRUDHOMME, "La proprieté est le *Suicide* de la Société."

BALZAC, "Qu'un homme batte sa maîtresse c'est une blessure mais sa femme c'est un *Suicide*."

MARTIN, A., "Le celibat est en même temps le véhicule de la débauche, le scandale du monde, et le *suicide* du genre humain."

ST. MARC GIRARDIN. "Le suicide n'est pas la maladie des simples de cœur et d'esprit, c'est la maladie des raffinés et des philosophes."

GOETHE, JOHANN W. VON., in his novel "The Sorrows of Werter," exalts suicide, as the end of one's existence. The suicide of a young man named Jerusalem suggested to the author the composition of this work, which has been definitely the cause of suicides, among whom was Fraulein von Lassberg, who drowned herself. The author himself attempted the act.

Foscolo, Ugo, d. 1827, the Italian poet, imitated Goethe's "Werter" in his "Ultime lettre di Jacopo Ortis," and in a similar strain discourses on the unpleasantness of life, and the advantages of ending it when desirable.

Beccaria, C. Bonesana, in his "Crimes and Punishments," written in Italian, but which has been translated into almost all European languages, decides in these words; "Suicide is a crime which seems not to admit of punishment, for it cannot be inflicted but on the innocent, when it would be unjust, or upon an insensible body, when it would have no more effect than scourging a statue. Its only punishment is after death; it is in the hands of God alone; but it is no crime with regard to man." See Chapter XXXII.

Morselli, Enrico. "Il Suicidio." Of this great statistical work, and the opinions expressed therein, Legoyt, A., in his treatise, remarks, "he maintains a certain tolerance of Suicide, and is well content to look on it as a natural fact, governed by a law of human nature, *precisely* similar to the laws of Marriages, Births, and Deaths." See "Le Suicide," 1881, p. 98.

CHAPTER V.

CRIMINAL JURISPRUDENCE.

By English law Suicide is of the Felony of Murder, inasmuch as it is the murder of one of the subjects of the sovereign: it is a murder committed by a man on himself. There is authority for saying that there is no such offence as self-manslaughter. Regina *v.* Burgess, Leigh and Cave, 258. It is suicide, or "felo-de-se," not only to kill oneself with deliberation, when in right mind, and of years of discretion, but also to kill oneself accidentally when performing a felonious act; such as attempting to kill another. But if a man is killed at his express desire by another, it is not suicide, because in law the request is illegal and void, though the latter is a murderer. Yet if one persuade another to kill himself, and he does so, it is suicide, and also murder in the adviser: see R. *v.* Dyson.

So also if two persons agree to commit suicide together, and one succeed and one fail, the survivor is guilty of murder, for aiding and abetting a suicide. See R. *v.* Russell, and R. *v.* Alison.

To constitute felo-de-se, the deceased must die within a year and a day of his self-inflicted injury, and must have been in his right mind, yet in the interval he cannot in law purge his offence by re-

pentance. See 1 Hale, P.C., 412. Persons obviously insane frequently kill themselves, yet it cannot be denied that persons are frequently found self-slain, who have never shown any sign of mental derangement.

To avoid a verdict of felo-de-se, it should be shown by the evidence that the deceased had not arrived at years of discretion, or else was suffering from unsoundness of mind; in the adult the consent of the will to a self-inflicted action should not be denied until disproved.

The argument by which jurors are supposed to be influenced, viz., that no one in his senses would commit that which is the very negation of a law of nature is, in fact, an aggravation of the offence. If tenable it would excuse every criminal from blame, and would apply the more powerfully in proportion to the intensity of the crime.

To murder a mother, or a daughter, is as much repugnant to a sensible man, as to murder himself; but if none but lunatics could commit such crimes, no one would be culpable at all.

And, therefore, by the law of our land, if a lunatic even murder himself in a lucid interval, he is felo-de-se, as much as any man, and if he murder another man in a lucid interval he is as much a murderer as any other man. See 1 Hawkins, P.C., cap. ix., ss. 2 and 3.

At the present time, the absence of a sound mind in cases of self murder, is the constant presumption of jurymen, who by avoiding a verdict of felo-de-se,

commit an amiable perjury, to save, as they say, the reputation of the deceased among his survivors.

Now at one time the English law prescribed for the suicide an inglorious burial in the highway, with a stake driven through the body ; and the vicarious punishment of his friends by the forfeiture of his goods and chattels to the Crown.

No definite legal authority can be given for this form of burial ; Blackstone does not mention it.

It was abolished in 1823 by 4 George IV., c. 52 ; by this statute no Coroner should issue a warrant for the burial of a suicide in any highway, but it was enacted that the corpse should be buried privately in any churchyard or burying ground between 9 and 12 at night without any religious rites.

This enactment has been further amended by Acts 43 and 44 Victoria c. 41, and 45 and 46 Victoria, c. 19 (1882), which provide that the body of a suicide may be buried either silently, or with any such orderly, or Christian religious service at the grave, as the person in charge of the body thinks fit, or I would add, can procure.

There is of course no clause compelling any minister of religion to perform any definite burial service.

But I have no doubt that in such cases there would be no difficulty in finding some clergyman to use forms of prayer at the grave, which would be satisfactory to the relatives. The law was formerly evaded as follows : if it seemed likely that a verdict of felo-de-se would be found, the inquiry was adjourned, and in the meantime the body was buried under a warrant from the Coroner.

In the time of the legal author Bracton (1260), a person committing suicide to avoid conviction for a felony, forfeited his lands and goods ; other suicides forfeited their goods only.

This distinction was lost sight of in the time of Staundforde, who wrote in 1570.

The law of forfeitures in other respects remained the same until 1870, when forfeitures for felony were abolished by 33 and 34 Victoria, c. 23.

Whilst such disabilities existed, it was perhaps a kindness of juries to misrepresent the manner of death, and to find that all suicides were of unsound mind ; but now that these disabilities, both of forfeitures, and usages of contempt to the corpse, have been taken away, there does not seem to be any necessity to refrain from finding a verdict "according to the evidence," which a Coroner's jury is sworn to do ; at least, more accurately, a Coroner's jury is sworn to give a verdict "according to the evidence, and the best of their knowledge and belief," thus giving a greater freedom in investigation than is given to jurymen in a criminal court.

Stevenson, in Taylor's "Medical Jurisprudence," remarks, "It is to be hoped that these recent enactments of the Burial Laws will do away with many absurd verdicts of 'Temporary Insanity ;'" and Chitty, J., 1834, adds, "If juries were more often to find verdicts subjecting parties to some ignominy, in cases where there is no pretence of insanity, the apprehension of such a result would tend to prevent the frequency of the act." (Med. Jurisprudence, cap. ix. sec. v.)

There are still some authorities who think that evidence of insanity could be found in all cases, if only sufficiently investigated. See "Journal of Mental Science," April 1861. I feel bound to say this is to me only an amiable fallacy.

Several cases have come under my personal notice where deliberate suicide has been committed by persons of the clearest intellect, who have never shown any one symptom of mind failure, who were not even eccentric, and yet who chose to sacrifice their life in this world and risk their eternal future, just to avoid a passing annoyance. Such a choice may show, if you like, a weakness of mind, but is not what our Text Books teach us to understand by the expression Lunacy.

Gibbon, "Decline and Fall of the Roman Empire," c. 14, remarks, "Whenever an offence inspires less horror than the punishment awarded to it, the rigour of penal law is obliged to give way to the *common* feelings of mankind." Jeremy Bentham remarks that jurors do not hesitate to violate their oaths, and so meet the interference of law, by finding suicides to be "non compos."

The frequency with which Coroners' juries return a verdict of "Suicide whilst in a state of temporary insanity," is less a proof of the connection between suicide and lunacy, than a sign of the futility of the existing laws relating to the crime of felo-de-se.

The commission of suicide does, no doubt, raise the question of insanity, but in such cases the issue should be tried, not decided offhand. The reports of the following criminal trials may be consulted for

further information on the subject of the association of suicide with crime.

In Regina *v.* Gathercole, 1839, the prisoner attempted to drown himself; another man jumped into the water to save him, but lost his own life in the attempt; G. was convicted of Murder.

In Regina *v.* Fisher, 1865, a man and wife agreed to die together; both took opium; the wife died, the man by vomiting was saved; he was convicted of murder, although he had once been in an asylum.

In Regina *v.* May, 1872, a young man who had aided a youth to kill himself was tried for the crime, and the same ruling was laid down by the judge, that to aid or abet is murder.

In Regina *v.* Dyson (Russell and Ryan, Criminal Cases), two persons agreed to kill themselves together; one survived, and was held to be guilty of murder.

The true doctrine of the English criminal law would be perhaps, as follows: If suicide affords any presumption of insanity, it is of insanity at the moment only, and even then, if not supported by other evidence, it is not enough to deprive the person of imputability. See McAdam *v.* Walker, 1 Dow, Parly. Cases, 187. Felo-de-se is a crime, and a person is innocent until found guilty.

Sir James Fitzjames Stephen writes: "Suicide may be wicked, and is certainly injurious to society, but it is so in a much less degree than murder. The injury to the person killed we cannot estimate; the injury to survivors is generally small. It is a crime which produces no (public) alarm, and which cannot be repeated."

"It would therefore be better to cease to regard it as a crime, and to provide that any one who attempted to kill himself, or who assisted any other person to do so, should be liable to secondary punishment."

Whether it be true that the injury to survivors is generally small is, perhaps, open to question; especially in cases where the suicide is the sole means for the maintenance of others, a wife and family, for instance; in such a case, if suicide be not a crime, it is at least a cowardly neglect of duty.

The modern French view of the disabilities of suicide is shown by M. J. Tissot, in Le Droit Penal, 1860, vol. 2, p. 48; he discusses the aspect from which suicide should be viewed by law: "the penalties should be fixed with regard to justice, decency, and custom; they would not fulfil the first condition if they injured innocent survivors, nor the second if they tended to dishonour humanity by ill-treatment of the remains."

"It should suffice to refuse an honourable funeral, the customary burial ceremonies; this punishment would be privative only. The citizen who flees his country is not honoured in his departure." And in "La Manie du Suicide," he says, "the funeral should be private, as if society, religion, and family, were blushing at the disgrace."

For ancient French laws on Suicide, see Laverdy, Code Penal, cxi., &c.

In the GERMAN Strafgesetzbuch, article 216, we find, "If a person is induced to kill another by the express and serious request of the person killed, he shall be

imprisoned for not less than three years, and not more than five years."

No mention is made of suicide proper, in old German codes.

In the BAVARIAN and SAXON Codes suicide is not mentioned : but up to 1871, it was the Saxon law that the bodies of suicides should be sent to the schools of anatomy for dissection.

In the AUSTRIAN Code, there is a proviso that the suicide shall be buried by certain officials, but not in a churchyard.

The PRUSSIAN Code forbids any injury to the corpse; there are to be no marks of respect at the funeral; if the suicide be committed to avoid punishment, the executioner is to bury the body.

The FRENCH Law is very remarkable; M. Hélie states it thus: "La loi n'a point incriminé le suicide. Le fait de complicité est il punissable ? La negative est evidente."

In the UNITED STATES suicide has never been a crime against statute law, nor have there ever been any burial barbarities in cases of suicide ; but any one accessory to a suicide is guilty of murder as a principal.

The ENGLISH DRAFT PENAL Code proposed to make the abetment of suicide a special offence, subject to penal servitude for life, as a maximum punishment.

The attempt to commit suicide was to be punished by two years' imprisonment with hard labour.

CHAPTER VI.

CIVIL JURISPRUDENCE.

The civil branch of the jurisprudence of our subject is more complex than the criminal. Life assurance companies naturally object to have to pay sums of money for suicidal deaths, when these are proved to have occurred in persons who have never shown any mental derangement, and who may have had reasons for providing a considerable sum of money for their families, even at the expense of forfeiting their own further concern in this world. Such fraudulent suicides have taken place, just as some men have not hesitated to risk being judicially executed for murder, committed to obtain sums of money and other valuables.

Our English Judges have, unfortunately, not been unanimous in their decisions respecting the forfeiture of insurances by voluntary death; and the assurance companies have further complicated the matter by the insertion of peculiar clauses in their policies, and by using alternative phrases, meaning suicide, which the law courts have held to infer different notions.

It has always been the custom to insert in policies of life assurance the proviso that the death of the assured by suicide should render the policy void. This was understood to mean that felo-de-se voided the policy.

But it became the constant practice of Coroner's juries to find that persons who had been proved to have destroyed themselves were suffering from "temporary insanity": they thus avoided a verdict of felo-de-se; hence arose the necessity of an understanding whether or not "Suicide whilst insane" did or did not vitiate a policy. In equity, of course, such a death should not do so, because the death occurs without the voluntary determination of a healthy mind, and no one can contract himself out of the possibility of some day losing his reason.

The difficulty might never have arisen, but for this unfortunate straining of the word insanity to cover all cases of suicide.

On the Continent, in many States, this injudicious mode of regarding suicides does not exist; when madmen kill themselves, their madness is registered; and when persons whom no one has ever noticed to be unable to manage their affairs, and whose mental state has not been disturbed, until they have preferred death to life, on account of some loss or annoyance, their voluntary deaths are registered as such. In those states unseemly squabbles between assurance companies and executors are quite rare.

To dispute and refuse payment, however, was found by the companies not altogether a profitable business, because such cases gave rise to much discussion and more misrepresentation, and the litigating company was apt to be avoided by persons about to choose a company to insure with.

Several cases which appeared to be attempts at fraud have been the subject of investigation in courts

of law. See reports of the suits of Borrodaile *v.* Hunter, 1841 ; Schwabe *v.* Clift, 1845 ; Isett *v.* The American Insurance Company ; and The St. Louis Insurance Company *v.* Graves.

In the first case, a clergyman jumped off Vauxhall Bridge into the Thames and was drowned ; in his case the policy stated that it should be avoided if the assured should "die by his own hands." At the trial, Erskine, J., told the jury the policy must be void if the deceased jumped into the water, intending to kill himself, and knowing that this action would kill him ; he also left it to them to say whether the deceased could, at the time of his death, distinguish right from wrong. The jury became confused, for they found that the deceased threw himself off with *intent* to destroy himself, and also that he was not capable of deciding right from wrong. The verdict was entered for the defendants, that is, that deceased was felo-de-se. On Appeal, the case was argued before four judges in 1843 ; they, however, differed in opinion; three judges held that it was felo-de-se, and one that the assured was temporarily insane, and that his death was due to an insane uncontrollable impulse.

This matter in dispute arose again in 1845 in the case of Schwabe *v.* Clift ; the deceased drank sulphuric acid, and died, when clearly insane. The jury returned a verdict of death during insanity, intending thereby to say that the policy should not be void. In this policy the term used was "suicide," and the judge, Cresswell, held that this word meant felo-de-se. On appeal, this judgment was reversed, the judges again differing ; the majority held that the clause

meant "intentionally killing himself," whether in a reasonable state of mind or not; the minority were of opinion that disease of the senses, or the reason, leading to suicide, was not intentional death, nor such as ought to cause a forfeiture.

This decision of the judges was of great importance, and led the companies to alter the wording of their policies, for under the old system any one who in an attack of delirium during a fever, or after an accident, should jump out of a window and kill himself, would thereby forfeit his policy; the public could not put up with this dictum, which if law, is not the equity of the case.

Some companies inserted clauses which provided for compromises of such claims; others definitely stated that any voluntary death should avoid a policy, but reserved to themselves the right to return a part of the policy value, calculated up to the day of death.

At the present time, however, policies, which in theory are avoided by suicide, are almost always practically paid by the companies, in full, or nearly so, unless there be any reason to suspect the existence of a fraudulent intention on the part of the assured.

It may be broadly stated that now, in 1885, the companies have almost all agreed to make assigned policies indisputable.

The following axioms will be found of great value:—

> When the assured, being himself beneficially interested in the assurance, dies a felo-de-se, public policy requires that the contract be

rendered void. And the same holds good of those who claim under the assured, should he have assigned it, whether for valuable consideration or not. Bunyon, p. 74.

But when the assured is but the nominee of the assurer, and has no beneficial interest in the insurance, neither equity nor public policy require the insurance to be avoided; still, this point has not been judicially fixed. Pope, p. 351.

When the suicide is insane, the policy is not avoided, unless by special condition of the policy. See Horn *v.* Anglo-Australian Ass. Co.

A condition may be inserted that if the policy be assigned to a third person, and in favour of that assignee or those claiming under him, such shall not be void; and the Courts have decided that the insuring company may be the assignee. See White *v.* Brit. Emp. Ass. Co. 7 L. R. Equity, 394.

If a condition were inserted that the policy should not lapse, even if the assured killed himself when of sound mind, and when beneficially interested, it would be void in law from public policy.

A condition supporting the insurance, in the event of suicide during insanity, whether the assured were beneficially interested or not, would not be void in law.

A condition, avoiding the policy in case the assured should "commit suicide," "die by his own hand," or "perish by his own hand," in-

cludes all cases of voluntary death, whether the person be sane or insane, and whether beneficially interested or not so. See Borrodaile *v.* Hunter ; Clift *v.* Schwabe ; Dufaur *v.* The Professional Ass. Co.

For more detailed information consult Bunyon, and Pope. (See Bibliographical Index). See also the Appendix.

I pass from life assurance to one or two other questions, which are sometimes raised by the occurrence of suicide. The records of English Law will furnish numerous instances in which the existence of unsoundness of mind is not proved by the fact of subsequent self-destruction.

The point has mostly arisen for argument in cases where it is desired to set aside a marriage, on the ground that suicide quickly following matrimony is evidence that there has been an absence of a sound mind, able to make a marriage contract ; or when suicide has immediately followed the making of a will ; in these cases also it has been argued that the mere fact that suicide has taken place is proof of mental disease, and conclusive reason for setting such a document aside.

Persons desirous of full information on these topics should consult the reports of the cases here mentioned, viz. :—

McAdam *v.* Walker, 1 Dow. P.C. 148 ; in this suit the marriage was upheld, although the bridegroom killed himself the same day.

Burrows *v.* Burrows, 1 Hagg. Eccles. Rep. 109. In this case the will of the testator, who destroyed

himself, was upheld, although the act was committed only three days after signing the will.

In the suit of Chambers *v.* Queen's Proctor, 2 Curt. 415, the will was held to be good, although suicide was committed the day after the signature of the will, and notwithstanding that it was proved by evidence that the testator had suffered from delusions three days before death.

Steed *v.* Calley, 1 Keen, 620, Regina *v.* Rumball, in 1843, and Regina *v.* Farley, in 1844, are other instances of the existence of insanity not being held to be proved by subsequent suicide.

CHAPTER VII.

PRESENT SUICIDE RATE AND INCREASE.

It is a matter of the greatest difficulty to obtain recent statistics of the actual numbers of suicides, either in our own country, or in the Continental States.

Each nation has its own methods of obtaining these statistics, and its own modes of tabulation, and those variations render it very difficult to procure figures for comparison.

But beyond this hindrance to accuracy lies the deeper one, that whatever may be the State under consideration, even when we have obtained the authentic numbers supplied by Government, we may rest assured that these numbers fall very far short of the actual totals. In very many statistics in which scientific and medical men are interested, they are only confronted by the difficulty of want of accuracy of observation, but in this matter to want of accuracy is added intentional misrepresentation.

Relations, friends, and I must add family doctors, will all frequently combine to slur over the *self-done something* which is the essence of the death cause.

But, were it even possible to avoid this source of error, there are others which also obscure our calculations; for example, of the total number of bodies found in our rivers, lakes, and ponds, and on the sea

coast, a considerable number are never identified at all; and of those which are identified, in a considerable number of cases more, no evidence will be forthcoming which will be sufficient to prove by what means the deceased got into the water.

It then becomes necessary either to provide a valueless column of figures named "Found Drowned," or else some official has to allot the cases by sentiment to suicide, murder, or misadventure, at his discretion.

As a proof, if any be needed, of the necessary inaccuracy of estimates regarding suicide totals, and the proportion which drowning bears as a means to the other means used, I add the numbers published in a Parliamentary paper for 1882–83 of the dead bodies found in the Thames, in the Metropolitan district.

In 1882 there were found	-	284
In 1883 „ „ „	-	260

Together, 544 violent deaths.

Inquests were held on all these cases, and the best evidence obtainable was produced.

The verdicts were—

Accidental death in	- -	242 cases.
Wilful murder	- -	2 „
Suicide in	- - -	59 „
Found drowned, *i.e.*, no opinion offered in	-	241 „

And again, in a recent year, from a total of 40 corpses found in the Regent's Canal, in the London

district, 22 were returned as "Cause of death not known"; and of 46 corpses found in the River Lea, 19 were also stated to have been "Found Drowned."

The eminent authority, Brierre de Boismont, confesses, after a long investigation of some thousand suicides, purporting to be the total for Paris for a certain number of years, as follows: "One may then, without any fear of being inaccurate, estimate the number of suicides committed, as almost double the number of suicides registered."

The following table will be found to give the latest calculations of the actual number of suicides per million of inhabitants in the different European States; and will shew the estimated increase or decrease during the stated number of preceding years.

YEAR.	COUNTRY.	Number of Suicides per Million.	Increase per Million.	Term of Years.
1880 -	Portugal - - -	16	3	5
1880 -	Spain - - - -	19	2	5
1883 -	Ireland - - - -	24	6	5
1878 -	Russia and Finland -	35	Dec. 1·2	6
1881 -	Italy - - - -	44	7	5
1881 -	Scotland - - -	48	11	5
1880 -	Holland - - -	51	Stationary	10
1882 -	England - - -	74	7	10
1875 -	Norway - - -	75	Dec. 33	13
1879 -	Belgium - - -	90	22	5
1877 -	Sweden - - -	101	15	5

Year.	Country.	Number of Suicides per Million.	Increase per Million.	Term of Years.
1880 -	Bavaria - - -	102	11	5
1877 -	Austria - - -	144	24	3
1880 -	Hanover - - -	150	10	5
1877 -	Prussia - - -	168	34	4
1880 -	France - - - -	216	56	5
1881 -	Switzerland - - -	240	25	5
1878 -	Denmark - - -	265	32	5
1878 -	Saxony - - - -	469	170	5

In an endeavour to make an accurate estimate of the suicide rate of the various states, and the relative increase in the rates, we are met by the further difficulty that the periods of observation vary much in length; in Holland, for example, there was no formal collection of numbers until 1869; on the other hand, in Sweden, the amount of suicide has been estimated ever since 1750.

An enormous decrease may be observed in the figures relating to Norway; it may be due to the very stringent laws relating to intoxication, and to the regulations placed on the sale and consumption of alcoholic drinks about twenty years ago.

The calculation of the averages of the various countries is performed by the formula used by Professor Bodio: $x = 100 \sqrt[n]{\frac{a'}{a}} - 1$: in which $a' =$ the number of suicides in the last year: $a =$ the number of suicides in the first year of the series: and $n =$ the number of years of observation.

The following table from Legoyt is interesting, but the data are not so recent as in the foregoing list, and hence do not coincide :—

TABLE showing the Difference in the Rates of Variation per cent. between Population and Suicide from 1865 to 1876.

COUNTRY.	Population. —— Variation.	Suicide. —— Increase per cent. on Total Numbers.
England	14·6	27·1
Austria	9·2	66·5
Bavaria	5·2	18·4
Belgium	7·0	64·4
Denmark	12·1	12·2
France	A loss	17·3
Italy	10·5	15·1
Norway	8·1	14·3
Prussia	6·7	49·0
Russia	11·0	47·0
Saxony	18·8	58·4
Sweden	7·6	24·0
Switzerland	6·5	63·6
Ireland	A loss	Stationary.
Finland	5·3	Stationary.

As a general *résumé* of the consideration of the amount of Suicide, it appears that the civilized States of Europe (with three exceptions) show a gradual and uniform increase of Suicide rate ; and that even since the beginning of the century self-destruction

has increased, and still goes on increasing, more rapidly than the increase of population, and to a greater extent than the general death-rate.

From a consideration of the general statistics of various countries estimated annually, with regard to actual numbers and per-centage of Suicides, we conclude that like similar statistics applied to subjects of a totally unvolitional nature, they vary from year to year and from country to country. But the variations in the two classes, of voluntary and involuntary incidents, do not range together constantly ; in fact, the statistics of the continental observers seem to show that, if we class together

Suicide
Homicide
Marriage
} as VOLUNTARY ACTS,

and

Illegitimate Births
Deaths
Accidental Deaths
} as INVOLUNTARY ACTS,

and compare a period of several years in several countries, the greatest variations occur very rarely in suicide. Suicide, then, varies less than Illegitimate Births, Deaths and Accidental Deaths. Births have varied the least. It is a curious fact that illegitimate births, the general mortality, and accidental deaths, have often offered greater variations from the average, although the human will has no power over them, than suicide, homicide, and marriages which are voluntary actions.

Hence it has been argued, that social actions

dependent on human volition, varying as they do proportionally from year to year, do not differ from those observed in phenomena of a physiologic or organic nature. For a lengthened discussion on this subject, see Morselli, Rümelin, and Rhenisch: the former states, "The laws of social life are not sufficiently known to enable us to attribute the variations in suicide to one cause, such as human liberty, or free-will, different and opposite to those natural forces on which we make births and deaths to depend; for we have no positive grounds for giving different interpretations to similar phenomena, merely because variations appear in psychical facts."—Il Suicidio.

CHAPTER VIII.

THE CAUSATION OF SUICIDE.

In considering this portion of our subject we shall be assisted by analogy, if we investigate the data of contributing causes, in a manner similar to that which is ordinarily pursued with regard to diseases, in text-books of medicine.

I refer to the method of distributing these causes into two classes of predisposing influences, and exciting or determining causes.

It will be very necessary, however, to bear in mind that the onset of a disease is generally of a nature quite removed from the influence of the will; while, on the other hand, suicide is voluntary, the result of a distinct action, following a direct determination. It is the determination which is led up to by states of predisposition, whether they be cosmic, racial, or mental.

One large class, perhaps one-third of all suicides, are of a different nature; these are the effect of an insane act; the predisposition is lunacy; the determining cause is a delusion, hallucination, mania, or epileptic nerve storm.

The group of influences which we shall consider as predisposing, must in the case of insane suicides be

considered as the predisposing causes of the unsoundness of mind.

And, again, the causes denoted as exciting, in these pages, are also the exciting causes of the insanity in most cases. From this point of view, the fact of Suicide is only an incident occurring in Lunacy.

The various forms of insanity, and their influence in promoting suicide, their treatment, and the means of avoiding the fatal act, will be referred to, later on.

M. Casimir Broussais, in his work "Hygiène Morale," divides the causes thus :—

A. Circumstances independent of the will.

B. Voluntary causes.

In Class A. he recounts: individual organisation, heredity, sex, age, state of health, or disease, country, climate, seasons, historical epochs.

In Class B. he places employment, education, misery, loss of fortune, gambling, disappointed love, jealousy, domestic troubles, calumny, wounded self-love, failure of ambition, remorse, religious and political fanaticism, imitation.

M. Tissot, in his treatise on our subject, proposes the following arrangement of the causes of suicide :

1. Remote negative causes, such are want of religion and want of morality.

2. Remote positive causes ; either physiological, moral, or physical.

3. Proximate physical causes.

4. Proximate moral causes, either public or personal.

But he adds, "many of these causes act concurrently ; it is indeed rare not to find this to be the case."

In Class 2 he places : Physiological, the power of reflection. Moral : idleness, bad company, gambling, debauchery, theatrical plays, evil imaginings, evil literature ; and Physical : insanity, hypochondriasis, ennui, nostalgia, alcoholism, celibacy, with such data as climate, age, temperament, heredity.

To Class 3 he allots bodily diseases, pain, misery, privation, slavery, loss of fortune, fear of punishment, and envy.

In Class 4, under personal, he places, offended vanity, despair, remorse, suicide to expiate a fault, suicide to secure virtue or personal purity or honour, impatience to obtain the future life, and the vanity of dying for nothing. Under public causes he classes suicide to save public honour of a government, to avenge the disgrace of one's country, to defend the honour of others, and suicide in despair of the state of public affairs.

Despine, in his Natural Psychology, vol. iii., pp. 74–132, divides Insane Suicides into four series :

I.—Death occurs from an act proposed by the delusion of delirium ; as if a man should jump off a high place thinking he is able to fly. (Delirium.)

II.—Self-destruction from Lypemania, producing a state of such sorrow and fear that the sentiment of attachment to life is lost. (Melancholia.)

III.—Suicide is performed to obtain death, simply from the desire to die. (Suicidal Monomania.)

IV.—The sufferer is caused by his malady to be violent and to destroy someone, either himself or others. (Acute Mania.)

He then proceeds to study suicides, in persons of healthy mind, "sous l'influence d'un cerveau sain." It is determined by passions which arise from noble and generous sentiments, whilst homicide depends on egotistical and perverse passions. He divides into three series the passions determining suicide:

I.—Those occurring during rage or violent passion, incompatible with free will.

II.—In such a psychical state, that the man morally free, does not decide by free-will. Placed between two modes of action, imposed on him by circumstances; and of which one is so repugnant to his feelings that he takes the other which is less repugnant, viz., suicide.

III.—In the state of moral liberty, in which the man decides on his action by his free will.

He then gives as causes, despair, ennui, alcoholism, religion, loss of honour, to escape execution, misery, self-sacrifice, and stoicism.

The older authors on Suicide only viewed it from a narrative and sentimental point of view, and it is only of late years that it has been the object of any scientific research; but now that a study of suicide, as a fact, has been instituted, it has fallen almost entirely into a statistical groove, to the neglect of research into the mental state and emotions of the unfortunate individuals who become victims. Suicide is an

individual act, and this point is in danger of being lost sight of in a too absorbing study of general principles.

Most copious and elaborate investigations have been made into the proportional intensity of cosmic, telluric, climatic, and racial states, as causes of Suicide, to the neglect of the fact that men and women are not simply automatons, and that mental and moral causes act in different fashions on different minds more certainly than data of temperature, geological formation, and position of the sun. Than Morselli, no man has contributed more information on the subject of Suicide; but he is so far led on by his devotion to figures, that he actually assigns as a cause of suicide and as a factor in its prevalence, the relative position of the Sun and Earth, the alternating states of Aphelion and Perihelion!

I am under great obligation to continental observers, for in the ensuing pages I quote frequently from their statistics, viz., from Œttingen, Wagner, Falret, Quetelet, Brierre de Boismont, Drobisch, Legoyt, Lisle, and from Morselli of Turin, who supplies the most recent data.

Among predisposing influences will be mentioned, the effects of race, religion, education, and morality; together with those of climate, and the geographical peculiarities of a country.

The varying proportions exhibited by the differences of age, sex, and social condition; the effects of town as compared with country life, and the special characteristics of the military and naval services, and of prison life, will be described.

In respect to social life, mention will be found of the states of celibacy, matrimony, and widowed life ; and also some special reference to suicide in childhood.

In our consideration of determining causes we shall be guided by the scheme of tabulation in use in many continental states, because it affords a better means of comparison between the several data, than if any independent arrangement were suggested. This scheme divides these final causes into three main classes, of mental diseases, bodily diseases, and moral or immoral motives, as follows :

A.—Mental Affections. *See special Chapter* ; including Insomnia, Spiritualism, suicides caused by Imitation, and desire of Notoriety.

B.—Bodily diseases ; Incurable diseases ; pain, Alcoholism, Morphia habit, and the effect of Hereditary predisposition.

C.—Tædium vitæ, nostalgia, etc.

D.—Violence of the passions ; jealousy, anger, avarice, disappointed love, spite.

E.—Effect of the Vices ; libertinism, onanism, drunkenness.

F.—Domestic trouble, and anguish of the affections ; loss of relatives, deluded hopes, dissensions at home, want of children.

G.—Financial losses ; loss of employment, gambling, loss of law suits.

H.—Misery, want of home and food, and fear of such want.

I.—Fear, shame, and remorse; seduction, unmarried pregnancy, the haunting of a criminal's conscience.

J.—Despair; this class is made to include unknown causes; to which may be added:

K.—Honourable motives, yet misdirecting conduct.

Beyond all the predispositions, and states of disease, as causes of a voluntary death, follow the consideration of the less tangible, but terribly effectual moral motives, which have been briefly tabulated. Volumes have been, and might still be written on the disastrous effects of ungoverned passions, and ill-regulated desires, and their consequences, guilt and shame, remorse and terror.

Volumes also might be contributed on the allied subjects of the misery and pain, always present with us, and near us, and which but few of us wholly escape contact with, or sharing. In these pages we must be content with a notice of only the most frequent of those troubles.

As before observed, the suicides of eminent men in ancient history were usually brought about by motives more or less honourable, if mistaken, but practically, in our times, the final causes of the act are of a less elevated character.

If we except the case of lunatics under protection, among whom the proportion of suicides is small, from the care with which they are watched, and the case of those in whom insanity bursts forth suddenly, and without any warning, the catalogue of motives given above will be found practically almost complete.

Brierre de Boismont gives the following classifica-

tion of 4,595 cases which occurred in France, assigning the mental or moral determining causes.

But it is obvious that these tables must be taken *cum grano salis*, because of the impossibility of discovering in every case the true motive, and because of the coincidence of several causes in many instances.

652 Lunatics, about one-seventh of all cases.
405 Other diseases of body, incurable, or with intolerable pain.
530 Alcoholism.
361 Domestic troubles.
311 Sorrow, disappointment.
134 Remorse, and fear of the law.
306 Disappointed love.
237 Ennui.
277 Reverses of fortune, and cupidity.
282 Poverty and misery.
55 Delirium of acute diseases.
44 Gambling.
43 Want of occupation.
26 Pride and vanity; notoriety.
56 Indolence.
145 Hypochondriac and hysterical.
54 Jealousy.
121 Misconduct.
556 Motive unknown.

Kolb, J. F., in his work on the "Condition of Nations," gives the following Table of Causation in respect to French Suicides; in a recent year, 79 per cent. were males, and 21 per cent. were females.

From a total of 5,922 suicides, 1,794 were caused by mental disorders, 855 domestic troubles, 837 bodily diseases and pain, 701 alcoholism, 688 poverty and misery, 235 violence of the passions, 229 remorse, and fear of the law, and 583 from motives unclassed.

Of 6,782 cases observed by Falret, the following proportions were calculated by him: Caused by misery 1/7, loss of fortune 1/21, gambling 1/43, love affairs 1/19, domestic troubles 1/9, fanaticism 1/66, calumny, wounded self-love, and failed ambition 1/7, remorse 1/27.

No attempt on a large scale has ever been made to tabulate English cases, as to causation.

The following Table arranged by M. Lisle, has never been equalled, for completeness, and for the large number of cases included in its scope.

FRENCH SUICIDES.—*Lisle.*

CAUSES.	Male.	Female.	TOTAL.
Misery	2,355	587	2,942
Debts, business embarrassments	2,809	195	3,004
Gambling	157	1	158
Loss of employment	237	26	263
Loss of law-suits	137	19	156
Other losses	332	59	391
Fear of poverty	264	55	319
Reverse of fortune	280	45	325
Regret for loss of fortune	63	17	80
Unrealised hope of fortune	53	12	65
Nostalgia	26	–	26
Loss of children, position, &c.	373	193	566
Bad conduct and ingratitude of children	137	74	211

CAUSES.	Male.	Female.	TOTAL.
Sorrow for absent children	20	20	40
Sorrow for absence from family	35	16	51
Sorrow of children for ill-treatment	159	72	231
Parental squabbles	110	26	136
Jealousy between members of a family	19	7	26
Other domestic troubles	3,355	1,242	4,597
Disappointed love	938	627	1,565
Jealousy	229	118	347
Pregnancy, unmarried	–	239	239
Disgust with marriage	35	18	53
Remorse	190	77	267
Idleness	76	4	80
Debauchery	1,569	233	1,802
Drunkenness	656	82	738
Habitual roguery	2,105	359	2,464
Disgust with social position	68	9	77
Desire to avoid legal pursuit	1,741	365	2,106
Desire to avoid execution of judgment	383	21	204
Desire to avoid military duty	266	–	266
Desire to avoid calumny	37	27	64
Desire to avoid pain	3,522	1,165	4,687
Disgust of life	1,547	374	1,921
Hypochondria	640	211	851
Disgust of military life	214	–	214
Reproaches of employers	106	41	147
Sorrow for loss of situation	53	24	77
Rivalry in business	8	–	8
Insanity, general	6,744	3,982	10,726
Insanity, partial, or monomania	603	244	847
Idiocy	510	307	817
Cerebral congestion	504	177	681
Passion	51	17	68
Political excitement	34	–	34
Religious fears	40	28	68
Suicide after crime	299	28	327
Unknown cause	5,121	1,354	6,745
	39,302	12,824	52,126

CHAPTER IX.

RACE, GEOGRAPHICAL INFLUENCES, AND CLIMATE.

The inhabitants of the majority of countries are not at the present time so unique racially, as was probably the case at an earlier date. Races of men have spread themselves to contiguous lands, and have emigrated to other tracts of country; so that it is now much the reverse of usual to find a nation composed of any one race, or even of a very preponderating majority of one stock. The more nearly, however, that a state is thus constituted, the more obvious appears the fact that each race of men has a certain underlying "special rate of suicide."

This rate, I say, underlies all the variations exhibited by the various portions of that race; which may be due to Climate, Religion, Morals, or Education.

The idea of a real Specific Ethnic Rate of Suicide is, I believe, due to Wagner of Berlin; and the more the subject has been examined, the more obvious the conclusion appears.

It may be compared to that principle adopted by modern chemists, that every elementary body has a definite specific rate of gravity; and indeed the simile may be carried farther still, for as the chemist

by combining his elements can prepare a new body, having a different specific gravity rate, dependent on the rates of the original elements; so a country composed of a mixture of two races, exhibits a "Suicide Rate" different from the special rates of the constituent races, and intermediate between them.

Although it may not be practicable to prove these statements by a direct appeal to figures, because no case can be produced which is not, at any rate to some extent, complicated by considerations of a collateral nature, but yet the more deeply the matter is investigated the more true it will be found to appear. The statistics collected by Wagner and by Œttingen may be consulted in this connection.

The changes of rate produced by Race mingling can be studied, not only in countries where the process has been going on for centuries, but also in respect to recent movements of men. When Europeans emigrate, they are found to carry with them to their new home their peculiarities in regard to Suicide: the several races of Germans have a high rate at home, and on examination of the records of a country peopled by emigration, of New York, for instance, we find that the Germans there kill themselves more often than the Anglo-Saxon element, which has in its home a low suicide rate. During the year 1883, in New York there were 151 cases, of these no less than 70 were Germans; now the proportion of Germans in New York is certainly not seven-fifteenths of the population.

The Negro races in their original homes shew an

avoidance of voluntary death, and they carry this characteristic with them into other lands: in the United States the relative proportion between the number of suicides, in coloured and white men, is about one to eighty.

The rate of suicide observable in a race is seen to be curiously associated with stature; the original inhabitants of Germany were tall and fair; these had originally a high rate, and descendants of this race shew the same peculiarity to-day. In proportion as these fair tall Germans infiltrate another country, just as certainly does the suicidal total grow. Morselli states that in Italy the rate increases from south to north, gradually, in proportion as the stature also increases, until the German states are reached. There is, however, another tall fair race, who have a low rate, the Slavonic; on the eastern borders of Hungary where these immigrate, the Hungarian rates are lowered.

In Europe the highest proportion of suicide is shewn by the Germanic races, and the two stocks, German and Scandinavian, divide the supremacy for the maximum rate.

The ne plus ultra of German purity in race is found in Saxony, and this kingdom has the largest suicide ratio of any country.

The height of Scandinavian purity in race is found in Denmark, and there also the ratio is very large, enormous, in fact: in Norway the rate was for very long also extreme, but the great severity of recent laws with respect to offences and to drunkenness have made an almost incredible reduction in the amount of suicide.

Our British population is of too mixed a blood to enable statistics to show much of value; but the ratio is much smaller in the Anglo-Saxon than in the German.

The Celtic races avoid suicide, as is seen by the low rates in Ireland and Wales.

The races of Slavonic origin show the lowest rates, with those of Asiatic Turanian origin, the Magyars, Finns, and Lapps.

Climate and Geographical Data.

The extremes of heat and cold seem to tend to a low rate. In Europe the highest rates are found in the central and upper two-thirds of the north temperate zone; the maximum being at about 50° lat.

The countries of the west and the south of Europe give the minimum proportions.

The principal suicide area of Europe is a zone lying from the north of France to the east of Germany, with two foci, viz., the country around and including Paris, at a rate of 330 per million of inhabitants, and the kingdom of Saxony, at a rate of 469 per million. Compare with these very high numbers the proportions shown by regions lying more to the south: viz., Calabria, 9; Portugal, 16; Sardinia, 13; Spain, 19; and Sicily, 18 per million. Leaving this central European area, and advancing to the north, we again reach territories where lower rates are found to prevail, although not so low as those of the Mediterranean coast. While Scotland has a rate of 48, Ireland's proportion is even much less,

about 24. Finland has a low rate, and so has Northern Russia, 35 per million inhabitants.

Mountainous countries show a lower rate than lowlands; the Highlands of Scotland and Wales give a ratio only half that of England.

In the mountain cantons of Switzerland self-destruction is almost unheard of.

The amount of suicide varies considerably in the several counties of England; it has in many years happened that Rutland and Westmoreland have shown a very high rate; but this may possibly be due to their very small size rendering the comparison unfair.

Dr. J. N. Radcliffe, some years ago now, took the pains to calculate the rate per million for each county, from the Registrar's returns; he gives the following as the counties having the highest rates:—

The London area: Middlesex, 105; Kent, 97; Surrey, 95; and Sussex, 89 per million inhabitants.

The Midland area: Leicester, 89; Lincoln, 87; Nottingham, 87; Warwick, 77; and Derby, 80.

The Northern area: Westmoreland, 99; Cumberland, 86; Lancaster, 70; and Chester, 70 per million.

Very large proportions follow the great Rivers of Europe, especially the Po, Seine, Loire, Rhone, Oder, Rhine, Elbe, Thames, and the Scheldt in Belgium.

On Marshes, Salt Marshes, and lands low lying and liable to floods, the ratio is much less, as in Holland and on the Landes in France. But we shall, I think, be justified in considering that it is not the river that has caused the suicides, nor the marsh that has made

them few ; the truth no doubt is that the marsh has rendered the people few, and simple in habit, whilst rivers, the oldest means of locomotion, invited settlers, and settlers made town after town, and then a city on each river, and multitudes grew, and as some few became wealthy, the millions became permanently in want.

Montesquieu, with whom suicide was a favourite study, called England the " Land of Suicide," from its fogs and damp, dark, cold climate, but he was wrong ; even at that time France had a heavier voluntary death-rate. Over and above which our suicides cluster in preference round our summer months, and not our foggy ones, to which fall our heaviest ordinary death-rates.

CHAPTER X.

EDUCATION, RELIGION, AND MORALS.

QUITE closely connected with the consideration of these influences, are others partly dependent on them, the manners and customs of a population, the extent of civilisation, and education, and their religious and moral state. The manners and customs are to a great extent peculiar to each race, while the members of each race are all apt to take on an amount of civilisation by means of education, which varies in a quite indefinite manner. No amount of argument or inquiry seems, however, to invalidate the statement that a preponderant rate of suicide, and a high rate of madness exist in countries the farthest advanced in our modern ideas of civilization, and in education, and in modern modes of thought.

The intensely complicated state of modern society lays ambushes for us of myriads of dangers, difficulties, annoyances, illnesses, and worries, which to the denizen of a savage country are entirely unknown. That the influence of modern education is to increase the suicide-rate is proved by statistics of many sorts ; from tables of the per-centage amongst those "able to read and write," and the reverse ; from the con-

scription tables of France and Italy, and from the fact that those countries which possess the higher standard of general culture, furnish the largest contingent of voluntary deaths, other data being equal, or allowed for.

M. Brouc, indeed, went so far, many years ago, as to affirm that, given the number of persons in the public schools of a country, he could deduce the number of suicides which took place there annually.

I subjoin a comparison between the percentage of population at school and the suicide rate in Italy, tabulated by Morselli:—

	Scholars per Hundred Inhabitants.	Suicides per Million Inhabitants.
1863–64	5·44	27·2
1865–66	5·59	28·7
1867–68	6·05	31·0
1869–70	6·06	27·5
1871–72	6·44	32
1873–74	6·80	36·5
1875–76	7·15	35·3
1877	7·45	40·6

The same effect is exhibited by tables showing the relative numbers of newspapers published in each State; the more numerous these are, the higher the voluntary death-rate; and in States where the literature is of the higher type, scientific and critical, we

find, *mutatis mutandis*, a higher rate than where the journals simply contain news and politics.

Brierre de Boismont gives a classification of 4,595 French suicides, in respect to education; a *résumé* follows:—

	Male.	Female.	TOTAL.
Well instructed	467	106	573
Read and write well	601	188	789
Read, but write ill	1,145	511	1,656
Read, but do not write	1	2	3
Illiterate	36	29	65
Data unknown	969	540	1,509

In respect to England, the Report of the Registrar General for 1880 contains a statement, which I subjoin, of the effect of education on the proportion of voluntary deaths, calculated on the averages of the ten years 1869–78, with regard to the numbers of adults who were able to sign their names in the marriage registers.

Counties where 27 % were unable to sign the register	57·5 per million of inhabitants.
Counties where less than 27 %, but more than 17 % were unable	69·2 per million of inhabitants.
Counties where less than 17 % were unable	80·2 per million of inhabitants.

But, on the other hand, the proportions of crime

against the person were the lowest on record, and the better educated counties showed the minimum.

The rule that suicide rate increases with the amount of education is more generally observed than almost any other tendency which we have to consider; and it is probably an accurate statement without any reservation; however unpalatable such a dictum may be, I am not aware of any state where the reverse holds good. The general opinion has always been that this rule is only true when the form of education is faulty; the pages of many authors will show the argument that secular knowledge must be judiciously combined with religious teaching, or else such a result may appear; but the facts seem to lead us to the awkward dilemma, that either the religious teaching is seldom duly administered, or else that even piety is unavailing as a deterrent. Prophets have not been lacking for several years past, who have never ceased to warn us that our present system of removing Christian teaching from the necessary curriculum of our public schools, will inevitably increase crime and suicide in the rising generation.

And I fear there can be no doubt that this coming generation will show a higher rate, but whether the diminution of religious instruction will be the cause, will be open to question.

Personally, and speaking with reference to the masses of the population, I think it is likely to cause such an increase; because, although it may be preferable for well-educated men and women to confess

to honest doubt, in preference to acquiescence in a form of faith which they cannot heartily hold; still, in minds of less development, for whom a thorough education is impossible, greater stability of character is ensured by an early inculcated religious conviction of the sanctity of life, and an idea of the duty of waiting on Providence to guide our concerns.

The Influence of Religion.

It is impossible to deny that, in respect to the influence of religion on the proportions of suicide in Europe, the maximum rate constantly falls to Protestant States, to the Roman Catholic next, then the Greek Church, and, lastly, the minimum falls to the Jews.

An average, estimated from a large collection of numbers by Morselli, shows that the ratio is 58 per million in Catholic States, 190 per million in Protestant States, and in the Greek Church 40 per million; but the low suicide rate of the Slavonic races renders conclusions as to the Greek Church most unreliable; but it seems to the author that this is not an accurate deduction from the relative numbers, the proportion allotted to Protestant countries being much too high.

Legoyt gives Catholics 62, Protestants 102, Greek Church 36, Jews 48, and this seems an estimate more near the truth. Curiously enough, Catholics far exceed Protestants in the statistics of total crime in all countries.

With regard to the Jews, we are met by the difficulty of the coincidence of race and religion, in the most marked form the world has ever seen. The Jews are undoubtedly more liable to lunacy than are Christians; in Bavaria, for example, there is one lunatic to 908 Catholics, 967 Protestants, and 514 Jews.

History renders it quite certain that in the days of Jewish purity, and in the time of the kings up to the Babylonish captivity, the number of suicides was very small. Self-destruction is not even mentioned in the Pentateuch as a crime; it was apparently thought that the command, "thou shall not kill," obviously included it.

In later days the number increased; after the close of Old Testament history, when the Jews became more mixed with other nations, it became common. Many killed themselves in the Roman siege of Jerusalem, as Josephus narrates; in 1521, forty Jews were imprisoned in France, doubtless for purposes of extortion; they all killed themselves [Contes de Guillaume de Nangis, p. 96]. And although many Jews put an end to their existence during the times of terrible persecution of the Middle Ages, notably 1200–1400, they have always preserved a reputation throughout Europe for contempt of suffering, and for the avoidance of self-destruction.

Coming now to the present day once more, I introduce here a Table, compiled chiefly from Italian and German sources, which shows the comparative suicide rates, in juxtaposition to the comparative proportions of Catholic and Protestant inhabitants; it is

very suggestive, and calls for a few words respecting the Protestant Religion. Compare Morselli, Influenze Sociali, p. 218.

——	COUNTRY.	Suicides per Million.	Catholics per Thousand of Inhabitants.	Protestants per Thousand of Inhabitants.
Catholic Countries	Spain	19	999	1
	Portugal	16	999	1
	Italy	44	995	2
	Belgium	90	996	4
	France	216	982	16
Mixed Catholics prevail	Ireland	24	767	234
	Bavaria	102	713	275
	Lower Alsace	130	642	322
	Baden	157	648	331
Mixed Protestants prevail	Holland, South	50	367	613
	Prussia	168	331	651
	Holland, North	54	278	663
	Wurtemburg	172	304	687
	Black Forest	160	259	736
	Oldenburgh	200	228	764
Protestant Countries	Swiss Protestant Cantons	279	68	922
	England	74	53	946
	Hanover	150	29	960
	Saxony	469	21	976
	Denmark	265	1	999
	Sweden	101	0	1,000
	Norway	75	0	1,000

The Protestant Religion, more than any other, is the Religion of Idea; Faith, Hope, and Charity, all ideals, are its aims; it refuses all material assistance; neither image, nor cross, nor beads, is an essential.

The Protestant is taught to educate his conscious-

ness, and is responsible alone for his own actions; he cannot lean on the reed of comfort from Masses, or on the idea that a confession of his sins to a priest absolves him from the result of them.

Protestantism tends to develop individual research into its doctrines, self-reflection, and inward communings with one's consciousness.

Mysterious and sublime dogma is the object of contemplation, with the intention that such idealism shall bring forth fruit as good actions.

This system, so grand and overpowering is, it appears, liable to derange weak minds, especially when by neglecting a due share of taking one's own worldly responsibilities, such aspire to be devotees, inspired by the highest ideals, but declining to translate good intentions into good deeds, and the active exercise of charity, and duty to their neighbours.

The extraordinary lateral offshoots of the church, which are seen at intervals, the various forms of Revivalism, and the proceedings of the Salvation Army, are all to a certain extent mischievous; although they are, no doubt, productive of some benefit to those who still remain in gross ignorance and vice. Yet such violent temporary ebullitions of theological activity do certainly unhinge men's minds, and do foster a higher suicide rate. The more permanent, but less violent, waves of change in religious matters do more good, and at the same time less harm; I refer to the alternating popularity of such forms as Evangelicalism and Ritualism. Almost all sudden changes, especially in faith and violent emotions, are harmful.

In general, as a result of the sum of religious statistics, too numerous and voluminous for quotation here, we may generalise and say that Catholics incline to suicide through madness, following their vices, while Protestants fly to suicide as relief from domestic troubles, monetary anxieties, remorse for wasted opportunities, and regret for the absence of hoped for results; they are also more liable than Catholics to suicide following religious mania.

Extravagances in religion are sometimes a symptom of madness; at others, extravagances in religion lead to madness in enfeebled minds.

Morality.

The morals of a state cannot fail to have a deep and lasting effect on the amount of crime and madness, and hence on the suicide rate. But it is by no means easy to prove by statistics the actual rate of influence; the social customs and modes of life are so very various, and the different laws of each state with regard to moral sins are so different. At the same time it cannot be denied that several important nations, among whom the virtues of social family life are specially studied, have a very high suicide rate, such as the Germans and Danes.

The average of suicide is found generally to run hand in hand with that of the ratio of total crime. Crime has increased for many years in all European countries except Britain and Holland. Suicide has increased in all except Norway and Russia, and

but slightly in England and the Netherlands. Where there is an average annual increase of suicide, there is almost always seen a synchronous increase of crime.—Morselli. Still some countries with very small suicide rate have a very large proportion of crime, as Spain and Italy, which have an average of one convict to 8,130 inhabitants ; while Denmark has one convict to 110,474 inhabitants, and England has one convict to 132,791 inhabitants.

It has been found that in respect to the departments of France, the maximum of homicides occurred in connection with the minimum of suicides.—Despine.

Also in Italy, in those districts where crimes against property predominate, suicides are more frequent than in those divisions where crimes of blood are frequent.—Morselli.

Parent Du Chatelet remarks that the suicide rate of prostitutes is very low. Brierre de Boismont estimates the proportion supplied in Paris by registered fallen women as 1–240 of all cases. This author also states, of his series of French cases, that 40 per cent. were persons who led bad moral lives, either drunkards, gamblers, thieves, prostitutes, or persons living in adultery.

The proportion which falls to those who are in health, and lead regular lives, is very small ; whilst those who begin life in health, and pander to their vices and appetites, abandon themselves, as statistics definitely show, to a prospect of poverty, disease, and crime ; to the prison, the asylum, the hospital, and to a suicide's grave.

And it is not only open vice that lowers the tone a man may even keep all the conventional rules of morality, and yet fall in this manner, if he neglect and ignore a cheerful acquiescence in those high moral aspirations, which alone make the idea of a self-sought death an evil to which nothing on this side of the grave can compare.

There need not be any difficulty in understanding that lack of moral training, and imperfect and improper education, foster suicide ; for it is obvious that men will be more prone to sin, if they have had their consciences weakened by bad advice, loose habits, and the companionship of persons who take a light view of wickedness, and only sneer at self-improvement and goodness.

A system of "laisser aller," and "don't care," are stepping stones to suicide ; self-restraint and active efforts after perfection lead one daily farther from it.

Aristotle, in the "Ethics," Lib. 3, cap. 7, and Plato, in his "Phædo," remark that "Suicide is committed to avoid evil, and not because it is honourable."

The suicide judges that the possible evil after death is less than the trouble he has now to bear ; hence it is clear enough that the best preventive is to fix on the crime the character of an evil much greater than any that can happen to a man naturally.

Although it has been shewn that the spread of education is followed by an increased amount of self-destruction, yet, if a large number of suicides be

analysed, the ratio of one-fifth only are well educated; but then it must be remembered that only a small fraction of the population is educated at all thoroughly. It is the spread of an unsound system of partial education, the tasting of the Pierian spring without drinking deeply, which poisons the mind; mere fragmentary, rudimentary instruction unballasted by the requisite amount of moral and religious teaching. The mere ability to read is, I think, liable to become a great curse unless most carefully used, for it is only too common to find that those who can only read, only read what they had much better have left unread; such as sensational tales, the criminal trials in the daily papers, political squabbles, and narratives of suicides. There could be no stronger prompting influence and determining cause of voluntary death to many an ailing and tempted sufferer than the perusal of such literature.

In "Aurora Floyd" and "Lady Audley's Secret," two novels of high standing, suicide is suggested definitely as a remedy for trouble, at least twelve times.

Ch. Elam writes, "The great publicity given to the minutiæ of atrocious crimes in the public press is undoubtedly a fruitful source of crime. Dove, who poisoned his wife, confessed, after his conviction, that the idea had been given to him by study of the case of Palmer, at Rugeley."

CHAPTER XI.

URBAN AND RURAL LIFE; EMPLOYMENT; ARMY, NAVY, AND PRISON LIFE.

The suicide rate of any great city is found to be higher than the rate of the rural district around it, and this statement is true of every country. Many causes contribute to this increased rate, besides the mere density of population, which however may be considered to have of itself an influence to make suicide more frequent.

Statistics do not shew that the proportion increases with the total population of the urban district; in London, for example, although the total population is so much greater than that of Brussels, yet the suicide rate is much lower.

Urban life only tends to exaggerate the general inclination of a people; as Morselli puts it,—"the suicide rate is high in the rural districts when it is so in the towns; in the latter, on the contrary, it becomes lower in proportion to the general average."

Town life is powerful to modify the human will, and the feelings and acts of mankind, but it will not neutralise all the other social and individual influences.

The most important difficulty in making correct estimates of the suicide rates of cities, is the uncer-

tainty as to where the line should be drawn to separate the town from the country ; for it is obvious that if these have different rates, the proportion for the town may be rendered high or low accordingly, whether the line be drawn through the suburbs, or beyond the farthest of them. Cities more than villages contain the two extreme states of riches and poverty, both of which tend to a voluntary death : in cities the struggle for existence is much sharper than it is amid the scattered population of villages, and together with this point is the collateral one of mental strain and excitement existing when not required for merely procuring a living.

The ratio of suicides in several cities, calculated in the year 1883, is here given, with reference to a million of inhabitants :—Paris, 402 ; Copenhagen, 302 ; Stockholm, 354 ; Naples, 34 ; Rome, 74 ; London, 87 ; Vienna, 287 ; Brussels, 271 ; Berlin, 170 ; St. Petersburgh, 206 ; and New York, 144.

In London, Buckle tells us, there has always been a higher rate than in the rest of England. During—

1846–50	they were	107	per million	England, 66
1856–61	„	100	„	„ 65
1861–70	„	88	„	„ 66
1872–76	„	86	„	„ 69

These figures show about one-third more suicide in London than the country. The same proportion holds good at the present time.

The Middlesex portion of London has always had a higher percentage than either the Kent or Surrey portions.

In Berlin the suicide rate was stationary in 1860–1872; indeed, decreasing in 1870–1872, but a large rate compared to the country around; in 1860 the relative numbers were 160 for the city to 100 in the country.

Legoyt calculates the suicide rate of the United States as 32 per million; and New York City, for the year 1876, as 142 per million.

Employment.

With regard to the business of one's life, it has been noticed that professions and trades, which by habits, physical and mental, bring women near to men, often tend to raise in an extraordinary degree the inclination of women to kill themselves.

It is a matter of the greatest difficulty to procure statistics sufficiently reliable of the numbers of each profession and trade, to couple with the numbers of known suicides of each trade and profession, for the purpose of obtaining a "professional suicide rate."

Italian statistics show that the rates are higher in those trades which are concerned with luxuries, and lower in those whose products command a more regular market, such as are necessaries.

Goldsmiths, jewellers, makers of arms, scientific instruments, toilet necessaries, musical instruments, &c., give a higher rate than that of builders, weavers, spinners, tailors, glovers, &c.

Nuns, convent maids, and lay sisters, all numerous classes in Italy, give very few suicides.

In the higher walks of education the rates are all

higher. Men of science, doctors, lawyers, military men, and the governing officials, all are very prone to self-destruction.

In those counties of France where there is the greatest attention paid to trade, agriculture, and commerce, the suicide rate is the highest; in counties where the development of business is slight the rate is lower.

And, further, it is almost universally true that the states that have most perfect railway systems are those which have the largest average of suicide.

Now, all countries having a largely developed trade are liable to commercial depressions; these are constantly followed by waves of increased lunacy and more numerous suicides; and note that these effects follow not immediately on a crisis, but after a little interval.

At the crisis the majority of minds are strung up to the needed effort: it is the loosening of the tension that upsets the mental equilibrium; the exhaustion following prolonged exertion. Similar to these commercial waves are the effects of war, increased prices and taxation; it was not the bad years of the Crimean War that gave the heaviest voluntary death rate, but the two years after.

In Austria the war of 1858–9 was effectual in the increased rates of 1860–61.

In France suicides and lunatics were more numerous in 1872 and 1873, not in the years of the war, 1870 and 1871.

Legoyt gives the following analysis of suicides: Middle classes and outcasts, 596 per million; liberal

professions, 218 ; industrial classes, 128 ; tillers of the soil, 90 per million.

I subjoin a Table, borrowed from Lisle, shewing the employment in more than 50,000 cases of suicide in France.

TABLE of 52,126 French Suicides arranged according to Occupation.

	Male.	Female.	TOTAL.
I.—Of SLIGHT EDUCATION :			
Shepherds	276	32	308
Woodcutters, charcoal burners	54	6	60
Agricultural labourers	12,179	3,681	15,860
Beggars and vagabonds	335	115	450
Prostitutes	0	53	53
Mechanics in Wood	1,729	72	1,801
„ „ Leather	377	27	404
„ „ Iron	1,437	64	1,501
„ „ Cotton, Silk	1,339	463	1,822
„ „ Stone	1,079	48	1,127
Other mechanics	541	91	632
Porters, Commissionaires	368	6	374
Sailors	311	9	320
Drivers of carriages, vans	468	7	475
Domestic servants	1,270	1,204	2,474
II.—Of BETTER EDUCATION :			
Bakers, confectioners	373	29	402
Butchers	265	24	289
Furniture dealers	259	28	287
Hatters	102	21	123
Shoemakers	639	46	685
Hairdressers	164	8	172
Tailors	644	780	1,420
Laundry workers	73	221	294
General shopkeepers	1,233	289	1,522
„ travelling dealers	314	62	376
Inn-keepers	741	159	900

	Male.	Female.	TOTAL.
III.—Of SUPERIOR EDUCATION :			
Wholesale dealers, bankers	382	12	394
Merchants' clerks	441	27	468
Artists	194	25	219
Clerks and copyists	276	2	278
Students	118	2	120
Public officials	1,187	23	1,210
Professors and teachers	169	32	201
Military and Navy men	2,826	4	2,830
Lawyers and doctors, &c.	427	16	443
Persons owning property	2,693	808	3,501
IV.—			
Without business	1,106	2,012	3,118
Unknown employment	2,741	2,447	5,188
	39,302	12,824	52,126

MILITARY AND NAVAL LIFE.

It is an almost universal truth that the suicide rate of any state is smaller than the rate observed in the men composing the Army and Navy of the same country.

This point was first brought prominently into notice about twenty years ago with respect to our English soldiers; Dr. Millar pointed out that in 1862 the rate was 278 per million (estimated at per million), and in 1871 at 400 per million, and at the present time it is about triple the rate for ordinary Englishmen of between 20 and 30 years of age. In the Italian army at the present time the rate is treble that of ordinary Italians between 20 and 30 years of age.

The suicidal tendency of an army is materially increased by foreign service; so that in the English Army, when the number was 339 per million at home, in India the numbers were 468. And it has been found that there is a higher percentage among soldiers of long service; three times the amount is found among soldiers of over 14 years' service than is found among those of under 3 years' service.

Dr. Millar also observed that there were twice as many voluntary deaths in the Cavalry as in the Infantry.

In Saxony the soldier's rate was 640 per million, while the civilian's rate was 368; in Prussia, 419 to 168; in Sweden, 450 to 101; in Austria, 442 to 144; in Wurtemburg, 320 to 170; in Belgium, 662 to 90; in France, 510 to 216.

In the Austrian, Italian, and French armies the officers have a rate double that of the men; non-commissioned officers have the highest rate.

The high military rate seems to spread, too, among civilians in their neighbourhood; some of the highest civilian rates are found on the Austrian and Prussian military frontiers, where there is constantly a military establishment retained as a guard.

Even at the present time in our Navy the rate is much higher than among civilians. From a Report on the Health of the Navy, 1883, I find there were among 43,350 officers and men, 255 deaths; 176 from disease, 79 from injury, and 6 suicides. This gives a death-rate of only 5·88 per thousand, with a suicide rate of 138·5 per million.

Prison Life.

Prisoners have a higher suicide rate than civilians at liberty, especially if we consider attempts at suicide.

It is usual to make a distinction between convicts whose fate is settled, and prisoners arrested, and untried, or at least not convicted. For instance, Morselli gives for

England: Prisoners, 1,100; Convicts, 350,
France: „ 750; „ 80,

as the relative rates of voluntary death.

Female prisoners give a very high rate in Denmark and Italy, and suicides of females are more numerous than those of males in the prisons of these two states.

More than half of Prisoner Suicides are of men and women convicted of crimes against the person.

The longer a prisoner remains in a convict prison, the less is the tendency to suicide; most prisoners become used to the mode of life under a year of confinement.

Solitary confinement produces a greater suicide tendency than associated imprisonment, and the systems of mixed prisoners.

From a return of English local prisons, just issued, I find there were in 1883, only ten cases of suicide, of whom only one was a female. This return did not include the great convict establishments; with respect to which I may add that successful attempts at self-destruction are very rare, and statistics are not directly available.

In the prisons of Italy, the frequency of suicide is greatest in prisoners of between twenty-one and thirty years; that is at an earlier age than among people at large; it is found to be more often attempted by countrymen than by town dwellers; another reversal of data.

Nearly half of all cases occur in the first year of confinement. Two-thirds of the prison suicides had always been reported as "well conducted."

Only twenty-three per cent. of the cases occurred in criminals having a shorter sentence than three years.

So far as I can learn, all these points are, broadly speaking, equally true with regard to prisons in England.

CHAPTER XII.

SEASONS AND TIMES.

It is an old, old story that the destinies of man are *governed* by the sun, moon, and planets; but modern science rather scouted the ideas of the astrologers and Chaldeans; to suicide is due the honour of reintroducing the connection. Morselli says, with regard to the sun, "It is in fact well known that the number of these violent deaths varies according to the position of the earth and the sun. In the season of the year in which the earth is in aphelion there is a *maximum* of suicide; when in perihelion the *minimum* is attained."

The result of a large collection of statistics shows, however, that the maximum suicide rate occurs in summer 88 times out of 100, as opposed to winter; in spring the maximum occurred 9 times in 100. As to the minimum, it occurs in winter 88 times out of 100, and only 12 times in autumn out of the same number of observations.

As to the months, in a general way, suicide increases from January to July, and then decreases again, month

by month, to the end of the year. Reckoning by cities only, instead of by states, the results are a little upset, but in 11 cases of large numbers, 9 maxima fell in May, June, and July. The number of cases of mental disease has been observed to vary in similar months, reaching their maximum in the heat of summer.

The following Table of "Death Rates of each Season" may be compared with the foregoing remarks on the "Seasonal Suicide rate":

———	Spring.	Summer.	Autumn.	Winter.	Total.
England - - -	110	96	95	99	400
France - - -	117	88	86	109	400
Holland - - -	88	91	126	95	400
Austria - - -	115	82	91	112	400
Italy - - -	88	105	100	107	400

From these figures it will be apparent that the greatest mortality in England falls to spring, and next to winter; or exactly opposite to the tendency of suicide. In Italy only do the maxima of general mortality and suicide coincide in the hotter two quarters of the year.

It is not so much the actual hot weather which seems to increase the number of suicides and the amount of lunacy, nor the actual cold weather which seems to check the number, as it is that the *onset* of hot weather seriously affects the human system in

such a way as to upset the equilibrium of mind function, and to suffer mental motives to derange the intellect.

In these considerations the spring is reckoned as consisting of March, April, and May, and the other seasons accordingly.

I do not find that these seasonal peculiarities are very marked in the suicide rates of this country taken alone, not in London at any rate; for example, I subjoin the figures obtained in Central Middlesex for two years.

	1883.	1884.		1883.	1884.
Spring - -	30	24	Autumn - -	20	15
Summer - -	23	37	Winter - -	22	26

The Annual Reports of the Registrar General do not throw any light on this question, nor, I may say, on several other somewhat fanciful investigations into which foreign observers have led the way.

Morselii states, "it is most probable that the moon exercises more or less influence on suicides as it does on madness and epilepsy, which are generally aggravated at the time of the waning moon (full moon and second quarter)."

"The influence of the moon would be more sharply felt by men than by women, particularly at new moon." This last, it seems, is the conclusion drawn

from the labours of the modern astrologers of Prussia.

But from the statistics given by himself for 1869, it appears that 255·8 and 258·8 per 1,000 occurred respectively in the moon's first quarter and last quarter, against 246·8 and 238·6 per 1,000 in the new moon and full moon quarters ; no very marked difference.

With regard to days, Brierre de Boismont finds in regard to Paris that the number of suicides in the first ten days of a month exceeds the number of the last twenty ; and, stranger still, the two first days of the month also give the largest numbers : this does not occur in England, nor in London alone.

As to week days, among men the beginning of the week is most fatal ; Monday highest, then Tuesday, then Wednesday, and Saturday the fewest.

Among women also peculiarities come out, but they are different ; Saturday has still the fewest, the Thursday and Friday are very high, Monday and Tuesday low, but Sunday has the highest number of all.

And now with regard to hours and times of the day, darkness seems to be preferred to daylight. But according to a rather complete set of tables, which I reproduce here, giving every hour, night and day, I find that from 6 a.m. to 10 a.m., about noon, and from 2 to 3 p.m. have very much the highest numbers. The rate diminishes almost regularly from 3 p.m., through midnight to 3 a.m., when the lowest number is reached.

Brierre de Boismont arranged this Table; it refers to 1,993 cases observed in Paris.

1 a.m.	51	1 p.m.	79
2 a.m.	49	2 p.m.	117
3 a.m.	45	3 p.m.	144
4 a.m.	50	4 p.m.	89
5 a.m.	70	5 p.m.	86
6 a.m.	102	6 p.m.	67
7 a.m.	102	7 p.m.	89
8 a.m.	126	8 p.m.	69
9 a.m.	104	9 p.m.	69
10 a.m.	110	10 p.m.	62
11 a.m.	81	11 p.m.	44
12 Noon	123	12 p.m.	65

CHAPTER XIII.

SEX, AGE, AND SOCIAL STATE.

The relative proportion of suicides exhibited by the sexes is one of the data in connection with our subject that received the earliest attention, and from such early observations, until the present time, the proportion has been remarkably constant in our own country, and throughout Europe.

Three males to one female is the prevailing rate shown by the majority of states reckoned in their entirety. In urban districts, and in the great cities the female proportion is increased, and averages one woman to two men. The Spaniards form the most notable exception to the average, female suicide even in the rural districts of Spain being abnormally frequent; Italy, which resembles Spain in many peculiarities, is not similar in this respect.

As a reason for the predominance of male suicide, attention is called to the fact that the struggle for existence falls at the present time, and always has fallen chiefly to the men of a state, the typical female mind, it should also be remembered, is more capable of accommodating itself to change of circumstances, and is also more marked by powers of self-sacrifice, than the male intellect.

The more prominent causes of male suicide are the

vices, money troubles, and tædium vitæ ; whilst females are more often driven to take their lives by the passions, mental weaknesses, remorse, and shame.

It is a peculiarity of female self-destruction that Sunday is very frequently chosen as the day for its commission ; on the other hand, males avoid Sunday very markedly.

In Geneva, an old notification, dated 1777, was recently found, stating that two out of three voluntary deaths in the city were those of men.

In the decennial period 1861–70, the proportion of 293 males to 100 females was found in England and Wales ; but in the 10 years 1871–80, the rate for males had increased up to 306, to 100 females ; since then, however, the female rate has again gone up, being in 1882 not less than 100 women to 278 men.

The Registrar General calculated in 1880 that the chance of a male infant dying by suicide in England, was 1 to 211, and of a female so doing was 1 to 578.

The female rate for England has always been higher than that of many continental states.

With respect to London, in 1878 the proportions were 2·5 to 1 ; and in 1881, the female rate was less ; 3·03 men to 1 woman.

In Paris, of late years, the female rate has been very high ; 1·2 male to 1 female.

Scotland shows a high female rate.

The present proportions of the European countries are: France, 79 to 21 ; Italy, 80 to 20 ; Prussia, 82 to 18 ; Spain, 71 to 29 ; Saxony, 77 to 23 ; Russia, 80 to 20 ; Holland, 78 to 22 ; Ireland, 78 to 22 ; and Scotland, 72 to 28.

For the United States of America, the estimated numbers are 79·25 to 20·75.

For the English colonists in Australia, 82 to 18 is the estimated proportion.

As an illustration of the trifling causes which sometimes lead to the act, I may mention that Drs. Georget and Falret have both stated in medical journals that French women have frequently committed suicide, only because they have happened to lose their personal charms of appearance.—Burrows.

The female sex contributes a considerable number of cases dependent on child-birth; these are of two classes: suicide during the course of the mental failure, the puerperal mania, so well known to occur at times in pregnancy and after parturition; and those saddening cases of self-destruction occurring as a sequence to the mental anxiety and shame, depending on pregnancy and child-birth in single women, who are constantly being seduced under promise either of marriage, or at least of maintenance, and then deserted by men whose malevolence is only equalled by their lust.

Simple hysteria is also the cause of a small percentage of female suicides; the amatory passion being usually primarily at fault.

Age.

In a calculation including the greater part of Europe, the effect of age is found to be such that the proportion of suicide increases from childhood up to about fifty-five years of age, and then declines very uniformly.

The largest numbers occur in the years between forty and fifty.

Taking both sexes together, the period of life which exhibits by far the most cases extends from twenty-one to sixty years of age.

The male tendency comes to its maximum after forty years of age.

The female tendency comes to its maximum before thirty years of age.

In England the ratio of female suicide between the years of fifteen and twenty exceeds the male by more than one-tenth. In Italy it has been observed the rate becomes high, at an earlier age than in Europe generally. Youth is a fertile suicide stage, and after a stationary period at a high rate, there comes another period marking the decay of mind and the declension of life ; in this, man has but a short future to regard, and he prefers to await a natural end, especially as at this time of life the religious feelings, often clouded over by the struggles of middle life, again shine clear. Esquirol wrote, "La vieillesse, qui inspire à l'homme le desir de vivre, parcequ'il est plus près du terme de la vie, est rarement exposée au suicide." See "Maladies mentales." There exists, however, some confusion in the matter, due to associating actual numbers with per-centages at various ages, inasmuch as Legoyt insists that the amount increases absolutely with age.

The Registrar General for England has stated that the suicidal tendency with regard to age increases with the advance of age to the 65–75 decennial period, and that it then diminishes, still however remaining very great ; in this country then the amount does

not decrease at such an early age, as in most of the countries of Europe.

I add as an example, the Swedish proportions during the several periods of life, to show the rate for age :

AGE.	Male.	Female.
To 16 years - - - - - -	3·5	0·9
16 to 20 years - - - - - -	19·1	8·8
21 to 30 years - - - - - -	91·3	29·2
31 to 40 years - - - - - -	161·3	23·2
41 to 50 years - - - - -	206·3	35·0
51 to 60 years - - - - - -	201·7	34·2
61 to 70 years - - - - - -	146·3	27·9
Beyond 70 years - - - - -	93·7	19·4

In New York, during 1883, of 151 cases, 9 were under twenty years of age, and 5 over seventy years.

Suicide in Childhood.

Suicide, apart from lunacy, is the act of passion, or despair, and so far spares childhood, during which stage of life one is protected by others from care, and when the mind is not yet opened enough to feel the overwhelming tides of amatory, jealous, and other passionate feelings which the adult intellect has to struggle through, and perchance survive. It is very rare, also, for insanity to occur in a child before puberty, unless congenital, as imbecility.

Brierre de Boismont gives the ages of 4,595 sui-

cides in Paris; amongst these were 77 children under fourteen years of age, 1·6 per cent.

From 1865 to 1874, in England, there were 81 suicides from ten to fourteen years of age, 45 male and 36 female; the ratio between these numbers shows female precocity. Child suicide is increasing in England and in almost all the continental states.

Childhood possesses a most highly sensitive mental organisation, coupled with a want of power to fully weigh the consequences of any act; but what undoubtedly causes many cases now is over-pressure in education; while the education itself produces precocious development of the reflective faculties, of vanity, and of the desires.

During the last few years there have been several English cases of children killing themselves, because unable to perform school tasks; yet it must be allowed that the most modern alteration in school life,—the abolition of corporal punishment,—has removed one fertile cause of suicide in childhood. *See* Ferrey and Collineau.

A writer in the Psychological Journal discusses 24 cases, 17 boys and 7 girls; of these children 1 was five years old, 2 nine, 2 ten, 5 eleven, and 7 twelve. All the girls drowned themselves.

Marriage, Celibacy, Widowhood.

Having regard simply to numbers, there are most suicides among the unmarried, next among the married, then among widowed persons, and lastly, among persons divorced and separated.

Bachelors kill themselves oftener than married men ; but in Italy, France, Switzerland and Saxony, married women oftener than virgins. Widows surpass widowers in frequency of suicide, and it has been suggested by statistics that widowhood in this respect brings woman nearer to man than any other social condition.

Wars tend to raise the rate among women, because they make so many widows ; the suicide rate of widows rose in a sudden leap in Germany and in France, when the last war broke out, and remained over and above the rate of virgins and wives for two years after.

Married men have, throughout, the lowest rate ; suicide is more frequent among celibate men than among virgins.

Divorce causes more male suicide than female.

Among men, allowing for extant numbers of each class, we find these resultant proportions for 1882 :—

COUNTRIES.	Married.	Single.	Widowed.
France - - - - -	100	104	160
Italy - - - - -	100	114	198
Wurtemburg - - - -	100	147	162

Taking France as an example, the following proportions are found among the suicides, after excluding

males under fifteen years of age, and females under eighteen :—

THE SEXES.	Celibate.	Married.	Widowed.
Men - - - - - - -	422·14	271·71	737·0
Women - - - - - -	80·00	80·87	121·0

That is, unmarried men fewer than widowers. Unmarried women a trifle fewer than married women.

In Prussia, curiously enough, these states are altered ; married men kill themselves the most often, and married women kill themselves the least often.

Italy, again, resembles France.

In New York, for 1883, of 124 men and 27 women who killed themselves, 78 were married, 43 single, and 24 widowed or divorced.

Another curious remark has been made, whenever and wherever the marriage rate is falling, the suicide rate is increasing, and the reverse. The first case is shown, of late years, by France, Germany, England, Austria ; in Italy and Switzerland, from 1875, and in Belgium, from 1873 to 1876.

On the other other hand, Holland, Norway and Finland, show an increase in the number of marriages, and a tendency to a lower suicide rate.

The presence of children to married life affects the suicide rate ; they restrain the mother more than the father, in married life and widowhood ; whilst they have the contrary effect on divorced persons.

In France, for example, the suicide loss among the married, where there are children, is 205 per million men to 45 per million women; where there are no children, it is 470 per million men to 158 per million women; and among widowed persons, where there are children, the rate is 526 per million men to 104 per million women; and where there are no children, it is 1,004 per million men to 238 per million women.

Bertillon remarks that widows are much less anxious than widowers to marry again; that many widows become so to their peace and happiness, and the isolalation and bereavement of widowhood are usually overbalanced by woman's noblest virtue and care, maternal love; where there is no such outcome needed, suicide fastens its fangs on the mind.

CHAPTER XIV.

INSANITY IN RELATION TO SUICIDE.

It is not my intention in these pages to enter into a lengthened discussion of the once much debated question as to whether suicide be invariably a proof of pre-existing insanity.

It is sufficient for my purpose that a certain number of suicides are definitely insane, and that in these cases the act has been committed in consequence of some delusion from which the patient was suffering. Such a one may have been insane on a single point, and no other; or he may have been entirely demented.

But there certainly are other cases, in which no symptoms of mental disease can be discovered; either in the history of the deceased, or in his recent actions, appearance, or conduct. "There is no lunacy present where the sense of weariness of life is in exact relation to existing circumstances; where obvious moral causes exist which satisfactorily account for the deed; when the resolve has been fixed deliberately, and might have been abandoned had the circumstances become altered; and in which we discover, after honest and impartial search, no other sign or symptom of mental derangement. When a man prefers dissolution to a miserable or contemptible life, or one full

of mental and physical ills, Morality and Religion must charge him with the deed; Insanity need not claim him for her own."

The instinct of self-preservation is not so strong as to prevent men altogether from being tired of life, and seeking their own deaths. They may have exhausted all the available sources of pleasure, their business may have gone wrong, or their honour may have suffered, poverty and loss of position may be at hand, their difficulties may seem entirely beyond their power to surmount, and they calmly and deliberately arrange to leave behind them a life which has become unbearable; such an act may be unwise, and is certainly presumptuous, but it has in it no sign of disease.

And again, the existence of insanity cannot be affirmed in those suicides, which have taken place in every age of the world, and are not quite obsolete even now,—those cases of voluntary death among natives of uncivilized countries, which form a part of either their political, social, or religious institutions.

"Just as madness may exist, without any idea of suicide, so suicide may take place, the effect of a full and free determination, formed by a healthy mind, and executed with the coolness and complete system of precautions of the most perfect logic," says Maudsley, and he carries with him the greater part of higher class medical opinion.

All our necessities, our desires, and our passions, produce a mental and bodily struggle; every want of man, though necessary to his perfection, involves victims to mental failure, and consequently either to

crime or suicide. Even religion is frequently found to lead to disorder of intellect, from too great abstraction of thought from our earthly duties ; while, on the other hand, mental failure is often shewn by religion becoming so absorbing a theme that it causes a patient to forget his worldly responsibilities.

The following authorities, who have specially studied the state of mind in cases of voluntary death, inclined to the doctrine that all suicides are insane : Esquirol, Falret, Bourdin, Winslow, Chevrey, Foderé, and Davey.

Forbes Winslow especially was the champion of this opinion ; he distinctly wrote, no healthy mind ever permitted the act ; but then in his time a wave of special tenderness to all criminals overshadowed the country ; and exists even now, for our paupers are far less well cared for than our gaol birds.

M. Foderé, Professor of Medical Jurisprudence at Strasburg, used to say of voluntary death, "a suicide must be insane;" but this was a colloquial remark, rather than a medical dogma.

M. Falret, in his treatise on "Suicide and Hypochondriasis," says, "suicide is necessarily an act of delirium;" perhaps it is to a medical man who considers hypochondriasis and hysteria to be insanity.

In the year 1777 this question of the coincidence of suicide with insanity was gravely argued before the Parliament at Paris, but the decision was put aside on a question of form, and never settled by them.

Dr. J. G. Davey read an essay before the Bath and

Bristol Branch of the British Medical Association a few years back, in which he proved to his own satisfaction that "suicide is at all times, and under all circumstances, the effect of a positive brain disease;" but his arguments fail to explain the cases where two persons commit the act together; are we to suppose such disease of brain to be contagious? He mentions such a case, but without explanation. See Asylum Journal of Mental Science, vol. vii. 108, and xvi. 406.

It may be only a coincidence, but it is a fact, that almost without exception the supporters of the theory that all suicides are insane have been medical attendants in asylums.

Closely connected with unsoundness of mind is the disease epilepsy and its consequences; as is well known, the less violent forms, those in which the convulsive seizures are less obvious, are more liable to end in mental impairment, and thence in suicide, than are the more well-developed cases of convulsion. And among the modes of exhibiting its effects, it must not be forgotten that epilepsy is in some cases apt to show itself, not in a physical spasm but in a nerve storm, burst of passion, and what not: compare the opinion of Trousseau, in "L'Union Medicale," 1861; he says:

"It may even safely be asserted that if a man who has presented no previous mental disturbance, or any sign of lunacy or furor, is not under the influence of alcohol, or any other drug, commit murder or suicide, he is epileptic, and has suffered a complete paroxysm, or has had epileptic vertigo."

This very sweeping assertion does not commend

itself to me, nor is it, so far as I can ascertain, generally accepted as reliable; it is too far reaching and dogmatic; it is one thing to believe epilepsy may be revealed by a burst of violence, and quite another thing to decide that every act of sudden passion is epilepsy, *i.e.*, disease, and therefore blameless.

Blandford, in his work on "Insanity," states: "That sane people commit suicide is a fact that must be apparent to every one who exercises *common sense* in looking upon the subject. The hundreds of poor persons who are brought to our hospitals, half drowned, or with throats half cut, are *not insane* in any medical sense of the word. Of course there are insane persons who are suicidal."

M. Leuret epigrammatically sums up the causes of self-murder in the three words, madness, want, and crime.

The "Lancet," in the autumn of last year, in an editorial article, remarked:

"Without hair-splitting, the great majority of suicides are perfectly well aware of the nature of the act they are performing, and do a deed with a so far intelligent purpose of escaping from a misery which seems unendurable, or because of some terror or shame that for the time overwhelms.

"It is heart-breaking and brain-tearing trouble that causes it, in the (hope or) belief that dying is sleep, or eternal oblivion."

Dr. Gray, in the American Journal of Insanity, vol. xxxiv., writes, in regard to the United States: "Suicide is always an unnatural act, but in the

large proportion of cases, if not in the majority, it is committed by sane people."

Bucknill and Tuke, "Psychological Medicine," state definitely, "it cannot be disputed that suicide may be done in a perfectly healthy state of mind," . . . "neither can it be doubted that it is the effect of a cerebro-mental disease in many cases."

M. F. Dabadie, the author of a famous French work on Suicide, remarks, "if physiologists had endeavoured simply to establish that suicide was frequently a sign of madness, no one would have denied them; but to pretend, as some French physiologists have done, that every suicide is insane, is to *insult history and common sense*, and to expose oneself to ridicule."

Des Etangs, in his work, "Suicide in France, from 1789 to 1860," analyses and reviews the causation of 210,000 cases; he is fully convinced of the very large number of persons who kill themselves from sane motives, and with a sane mind.

He narrates numerous instances in which suicides have left their reasons for the act, written out at length, and these reasons, in most cases, shew "une lucidité parfaite."

M. Littré remarks, "Quand un homme expose clairement les raisons qui l'empêchent de vivre plus longtemps, et quand ces raisons sont réeles et non pas imaginaires, quel motif y-a-t-il de lui denier la liberté morale, telle que nous la connaissons chez chacun de nous?"

In this place may suitably be mentioned the sad death of the Afghan surgeon Mahomed Ismail Khan, who had studied medicine in England, had taken his

diplomas, and had then found all avenues to making a living in England closed to him on account of his nationality, colour, &c. (he could not return to his Indian home, having lost caste there); he, poor fellow, after making repeated efforts to obtain a situation that would support him, and after having exhausted his private means, drank prussic acid in bed at his lodgings. He left behind him a long and detailed history of himself, ending in a dissertation on suicide and its permissibility.

This essay, from its great medical and psychological interest, was offered to the editor of one of our leading medical journals for publication, but this was declined, on the ground that the arguments in favour of suicide were so delusive that it would be a public error to disseminate them. History repeats itself, for I find Voltaire narrates that he knew a professional man who, before killing himself, wrote an essay on suicide, and sent it for publication to the authorities of his native town, in 1769; the town council refused to publish it, assigning as their reason, that it would encourage men to quit a life, of which so much ill could be said.

It may be stated here, as a generalization, that whilst the medium course of life is the safest, the extremes of riches and indulgence, and their reverse, poverty and asceticism, both increase the suicide rate in about an equal proportion.

Post-mortem examination has not as yet disclosed any definite brain lesion, even in positive insanity, so that the discovery of a brain blemish associated with suicide is hardly to be expected. There have not

been any large number of investigations into the post-mortem appearances of the brain in deaths from suicide in this country; in Wurtemburg, however, for two years, 1873–1875, a special examination was ordered in all cases of suicide in the insane, without any very valuable result being arrived at, viz., definite lesions of the brain existed in 45 per cent. of the cases, definite disease of other organs in 16 per cent., and negative results in 39 per cent.

Bucknill and Tuke divide insane suicides into three classes: 1. The monomania of self destruction; 2. In melancholia, death is chosen as the lesser evil; 3. Delusional, as when the sufferer hears a voice commanding him to act on its behests.

It must not be forgotten that the criminal law of England allows the possibility of a lunatic committing a murder in a lucid interval; and so also a lunatic may be held to *kill himself* in a lucid interval.

The Forms of Lunacy.

The special symptoms of each form of madness will on consideration be found sufficient to account for difficulties in forming anything like an accurate estimate of the relative amount of suicide in each of its forms. For example, in mania, sudden outbursts of violence may either end in instant self-destruction, or the sudden violence causes such precautions to be at once taken, that suicide is not practicable. In melancholia the chances of a self-inflicted death being allowed to occur, are much greater, because the patient is inoffensive, and the disease is

of long continuance ; the sufferer has often daily opportunities for months ; and thus we find melancholia credited with the largest number. In monomaniacs, again, the project of suicide is often matured in their brains, whilst they hide their delusions ; until a sudden outburst of suicide or crime startles the relations, who have only been saying to each other just before, "the patient is safe enough, the only thing the matter with him is the presence of a delusion."

To imbecility, again, we do not find many cases allotted ; the imbecile has not mind enough to feel his grievances sufficiently strong to make him exert himself to end them.

In the Reports of the English Lunacy Commissioners the cases of dementia are subdivided into two classes, ordinary and senile, each giving about as many cases as mania.

Abercrombie remarked, that the most striking peculiarity of melancholia is the propensity to self-murder ; under a conviction of overwhelming and helpless misery, the feeling of life to be a burden, arises ; and this is succeeded by a determination to quit it. A singular modification is sometimes seen, in which with the desire of death, there exists a sense of the sin of suicide ; and to avoid this sin, another idea arises, viz., to bring about the death by committing a murder, and so to be executed. Several instances have been described, in which the insane murderer has distinctly avowed this process of reasoning, disclaiming any malice against the person he had killed, who by the way was generally a child, and in one case the reason for choosing a child was also

explained by the lunatic, which was to avoid the risk of sending out of the world a person in a state of unrepented sin.

In the north-western and central parts of Europe madness and suicide coincide in intensity.

Osiander stated that the scale of madness among the European states has much resemblance to the comparative suicide rates.

On an approximate estimation I find that the Germanic stock has 2 madmen per 1,000 persons, the Celtic-Latin has 1 madman per 1,000 persons, the Slavonic has 0·6 only.

It is estimated that there are about 300,000 mad persons in the Old World, of whom Germany, France, and England, give the greater number.

The French and Italian statistics of insane suicides are not subdivided, and so are not available to show the relative proportions of the forms of insanity ; the German numbers give the following result in recent years, 1875 *et seq.* :—

Forms of Lunacy.	Per Cent.	
	Males.	Females.
Religious mania - - - - -	0·7	0·6
Monomania - - - - - -	0·6	0·5
Melancholia - - - - - -	68·7	69·
Brain fever - - - - - -	5·	2·8
Mania - - - - - - -	5·1	2·6
Imbecility - - - - - -	5·7	5·0
Unnamed - - - - - -	14·2	19·5

With regard to our own country, the last Report of the Lunacy Commissioners for England and Wales shows that of 13,581 patients admitted to the register of lunatics for 1882, 3,877 were stated to have a suicidal propensity, viz., 1,785, or 26·8 per cent. of the males; and 2,092, or 30·2 per cent. of the females.

The total number of lunatics in charge for the year 1882 was 76,765, and of these 17 committed suicide: 10 males and 4 females in asylums, 1 male before admission, and 1 male and 1 female while "on leave." There were 17 suicides also in the year 1881. This small number of actual deaths speaks volumes for the care and attention which must be bestowed on the suicidal patients.

The proportion of suicidal tendency was higher among pauper than among well-to-do lunatics.

The highest rate of suicidal propensity was found in cases of melancholia, a proportion of 57, compared to mania 21, ordinary dementia 16, senile dementia 15, and idiocy 8.

The states of family life gave these proportions: marriage 32, celibacy 24, and widowhood 29, and of married persons, more females than males.

The Report also subdivides these cases with respect to the causes assigned for the insanity; the following were the most fertile causes, with the relative proportions:—

Domestic trouble, 9·7 (twice as many females as males); adverse circumstances, 6·0; overwork, worry, 7·5; religious excitement, 3·6; love affairs, 1·9; nervous shock, 1·4; alcoholic excess, 12·1

(nineteen males to six females); sexual excess, 0·5; sunstroke, 0·7; venereal disease, 0·3; self-abuse, 1·0; accidents, 3·2; pregnancy and parturition, 3·6; change of life (females), 2·9; privation, 2·0; old age, 3·0; bodily disease, 11·0; hereditary transmission, 22·8; and previous attacks, 15·8.

In England it is not practicable to form any reliable estimate of the true proportion of insane suicides, as compared with those occurring from disease and mental trouble. On the Continent an attempt is made in most States to assign the proportion; but it is easy to point out the difficulty of the task and the numerous errors that are liable to creep into such calculations. The following rates per 1,000 suicides have been published in the "Asylum Journal," vol. 27: France, 300 insane per 1,000; Belgium, 470; Prussia, 333; Italy, 343, and Bavaria, 342.

M. Prévost, in a learned investigation of cases of voluntary death, estimated that 18 per cent. occurred in insane persons.

I have made careful investigation into all the cases of suicide which I have observed, and all those cases upon which I have held inquests, as the Deputy for Dr. Danford Thomas, in Middlesex, and I have found that in 20 per cent. only had the deceased ever exhibited symptoms of insanity obvious to the friends and relations.

The suicide rates of the great German lunatic asylums are higher than those of our English ones. Dr. Löwenhardt, of the great asylum at Sachsenburg, states that the average number of suicidal

deaths in that institution is 5 per cent., a large proportion ; for in the asylum of Illenau 3 per cent. only killed themselves, and in the asylum of Halle, only 1·7 per cent.

The varying rates of suicidal death in asylums depend very much on the qualities of the nurses on the staff, and on the relative number of patients attached to each attendant, for nothing but a constant and lynx-eyed survey will prevent the self-destruction of a large proportion of lunatics, when they have a wave of suicidal tendency passing over their minds.

CHAPTER XV.

EPIDEMIC SUICIDE; SUICIDE FROM IMITATION, AND DESIRE FOR NOTORIETY.

In relation to lunacy and mental disturbance, I must now refer to the question of Epidemic and Imitational Suicide.

No crime seems to have so strong a tendency to spread by example and imitation as this one. Epidemics have occurred on many occasions, and I have already mentioned an epidemic of suicide taking place among the soldiers of Tarquinius Superbus.

At Alexandria, in the time of the Ptolemies, an epidemic was originated by Hegesias the philosopher, who discoursed so eloquently on the numerous trials of this life and the pleasures of death, that numbers of persons destroyed themselves; and the philosopher was banished.

When Xanthus, a city of Lycia, was conquered by Brutus, the citizens slew themselves by hundreds.

At Miletus the women committed suicide in large numbers, because their husbands and lovers were detained by the wars : they hanged themselves ; the frenzy was checked by an edict that their bodies were to be dragged naked through the streets. Other examples of wholesale suicide are shown by the people of Sidon, who burned their city and them-

selves when besieged by Artaxerxes Ochus, by the Tyrians when conquered by Alexander, and by the Acheans when defeated by Metellus.

At Marseilles, an old historian records that at one time the young women made it quite a habit to kill themselves when their lovers were not constant to them.—(Esquirol.)

Large numbers of suicides were committed by Christians in the terrible times of persecution in the reigns of Nero, Decius, and Diocletian.

In the dancing mania and the follies of Tarantulism in Naples, between 1500 and 1600, the patients often thronged in crowds to the sea shore, and rushed singing into the waves, as Lecky narrates.

An epidemic of drowning affecting women alone also occurred at Lyons; these cases had no apparent cause; it was checked by an order to expose all the bodies naked in the market. *See* Spon, "Histoire de la Ville de Lyon," 1676, and Primerosius Jacobus, "De mulierum morbis," 1665.

Sydenham is the authority for the statement that suicide prevailed to an alarming degree in Mansfield in the year 1697; and at Versailles, in 1793, 300 persons killed themselves. At Rouen in 1806, at Stuttgardt in 1811, epidemics occurred. In Valois an epidemic of hanging took place in 1813, see Sydenham, "Complete Works," vol. ii. In July and August 1806, 300 persons committed suicide in Copenhagen; these cases formed a distinctly marked epidemic. Suicide is almost epidemic, or endemic, in connection with the disease Pellagra in Italy, Spain, and the South of France. It is said that one-third of

the victims of this disease kill themselves. This scourge appears to be a nervous affection, associated with erythema and degeneration of the skin, and dependent partly on the effect of the sun, especially in spring, and partly on the consumption of unhealthy maize as food; its most usual termination is in dementia.

Groups of Suicides from Imitation, almost amounting to minute epidemics, have occurred from several churches, monuments, and elevated structures, their great height being the incentive to the victim to throw himself off; such are the Duomo of Milan, St. Peter's at Rome, the Campanile of Giotto, Florence, the Vendôme Column, Paris, the Monument, London, the Suspension Bridge at Clifton, and the Archway at Highgate; from this last viaduct, which is protected only by a low wall, there have been four suicides in as many months; in response to repeated representations from Dr. Danford Thomas and myself, the Local Board have at last undertaken to put up a railing on this bridge.

After the suicide of Lord Castlereagh, a large number of persons put an end to their lives in the same manner. Several imitational suicides and suicidal attempts occurred in 1841, following the drowning of a young woman in the Thames. She left a letter behind her, explaining her unfortunate love affairs; her case made a great noise at the time, and much public fuss and public sympathy were shewn on her behalf, and no doubt led to her successors' deaths.

After a tragedy at Pentonville, in 1842, in which

a man cut the throats of his children and then committed suicide himself, there were within a week two similar cases.

At a meeting of the French Academy of Medicine, 1827, Dr. Costel related that, in Paris, at the Hotel des Invalides, a soldier having hung himself on a post, his example was in a very short time followed by twelve other invalided soldiers. The post was removed, and there were no more cases in the building for a considerable period.

Legoyt narrates that the drama of "Chatterton," by M. de Vigny, when performed in Paris, caused many persons to kill themselves in imitation of the hero; and he asserts that the same effect has followed, in France, the study of Ugo Foscolo's "Jacopo Ortis," Byron's "Manfred," Chateaubriand's "René," Constant's "Adolphus," and Lamartine's "Raphael."

Dr. Ebrard, in "Le Suicide," 1870, condemns the teaching of the stories of the Stoics and their suicides to schoolboys, thinking it blameworthy to familiarise the youthful mind with the idea of self-destruction.

In Germany, many references in the literature of our time may be found, in which the study of Pessimism,—the doctrines of Schopenhauer (d. 1860), are blamed for decoying men to self-destruction.

The following notice is cut from a newspaper, April 1885:

No less than seven suicides effected or attempted were reported in Paris one day last week. At five in the morning, a packing-case maker in the Faubourg St. Martin, named Rozette, took a dose of laudanum, and was removed to a hospital in a critical state; at seven, a messenger was found hanging in his lodgings at an hotel in the Rue de Chartres;

about the same time a concierge at 16, Rue Chalgrin, committed suicide with charcoal; at eight, a retired tradesman, aged 62, killed himself by firing a revolver in his mouth; at one, a man living in the Place de la Chapelle, stabbed himself with a shoemaker's knife; at four, a porter at the Central Markets shot himself with a revolver; and lastly, at ten in the evening, a tailor, living at the Rue Bonaparte, shot himself twice in the head while riding in a cab.—*Galignani.*

I have reason to believe that it is perfectly true (although it has been denied) that a very considerable number of French officers and men slew themselves in the confusion and headlong retreat which followed the general advance of the English line, at the close of the battle of Waterloo, when the confusion was made worse confounded by the additional onslaught of the Prussians from the flank.

M. Legoyt also narrates this statement as authentic, and there is no inherent improbability in it, if we consider that among those who fled, were the "Old Guard" who had never known defeat.

The love of notoriety also comes in for mention in this place. One man has killed himself by attaching his body to a rocket, and then setting fire to the fuse; nothing but a desire to be notorious seems to explain this action. Another man threw himself into the crater of Mount Vesuvius. Empedocles, the philosopher, threw himself into the crater of Mount Etna.

Soon after the death of Miss Moyes the first of a series of suicides from the the Monument, London, Elam narrates that a lad took poison with the intent to kill himself; when questioned by the police, he answered, "I wished to be talked about, like the

woman who threw herself off the Monument." And this is a very fair example of many instances of voluntary death, but whether it forms a good public policy to call those sufferers insane is questionable: personally, I think that such persons are encouraged by the neglect to stigmatise them as criminals.

It is not every suicide from a dangerous height that is caused by imitation; there does undoubtedly exist a peculiar form of fascination, apt to arise from a sense of insecurity, such as occurs to a person standing on a cliff or a house top, and I am convinced that this fascination does cause many *involuntary* suicides.

Mental debility is a cause of it, and so is dyspepsia, and I expect that like lack of courage it is a matter of lack of health. Other forms of this weakness are occasionally seen; some men dare not trust themselves with a razor, and others have a terror of handling a revolver.

Improvement of health, strong mental effort, and custom remove these unpleasant feelings.

CHAPTER XVI.

BODILY DISEASES; INSOMNIA, SPIRITUALISM, HEREDITY, AND ALCOHOLISM.

Incurable bodily diseases, and the accompanying pain of some other disorders, are not uncommon causes of a voluntary death. It has been estimated that incurable diseases are even more powerful as a cause than very painful ones.

The heavy voluntary death rate of persons afflicted with pellagra has been already noticed, as has the dictum of Pliny that the presence of stone in the bladder constitutes a fair reason for self-destruction. Not long ago I held an inquest on the body of a medical man who hung himself to avoid the pain and worry of an apparently incurable stricture of the urethra.

Continental statisticians have calculated that bodily disease causes 8 per cent. of Italian suicides, 13 per cent. of French, 10 per cent. of Norwegian, and 12 per cent. of Prussian suicides. These are voluntary deaths, not deaths during delirium accompanying disease.

Loss of sight, and loss of hearing, are both causes of increased suicide rate; in Prussia it has been estimated that persons having suffered such deprivation contribute a rate almost double that of persons not so afflicted.

Insomnia.

Closely connected with mental and bodily disorders as a cause of suicide is sleeplessness, apart from organic disease. There is, I suppose, nothing more trying to the sensations, and nothing more exhausting to the nervous system, than this symptom. Its tendency to become habitual, and to become more and more complete, are its harassing qualities. I have held inquests on cases distinctly referable to the misery caused by want of sleep.

That sleeplessness is an important factor in producing suicide is pointed out very forcibly by Dr. Jos. Williams in an article in the "Lancet" of 1850. "Business men especially apply to their doctors for this ailment, and their request is often answered by a little anti-dyspeptic mixture, whereas a powerful sedative for a few nights, until rest and change can be arranged for, would be the means of preserving life."

The "Medical Times and Gazette," 1872, in referring to two similar deaths from suicide, those of Mr. Justice Willes and Hugh Miller the Geologist, insisted also on the necessity of procuring sleep and rest for worried men, and so did good service.

Alcohol.

Without doubt the habitual use of alcohol to excess is a very fertile suicide prompter, and it is found that the stronger the form of alcohol used, the more often crime and suicide are produced; such are as rare

when the light wines are drunk, as they are frequent among spirit drinkers.

Lunier, Ann. Med. Psychol., 1872, calculating the results in 79 departments, states that the amount of crime in France is in direct proportion to the consumption of alcohol, and so are the rates of lunacy and suicide. As a mean of the estimates of many observers, about one-eighth of all suicides are *directly* caused by alcohol. It produces suicide in several ways ; in a fit of drunkenness, during delirium tremens, by causing mania or melancholia, or by leading to complete imbecility.

Suicides due to alcoholic poisoning, and alcoholic mind failure, are indeed seen among those who are too rich to require to work at all, or to be regularly at work ; but the greatest amount of disease and death due to alcohol exists among the poor, and especially among the poor of our great cities ; a very large number of these spend almost the whole of their small earnings in poisonous drinks. The radical remedy for suicide caused by this form of indulgence is doubtless the improvement of the intellectual and moral status, the cultivation of habits of thrift, economy, and foresight. If the humble mechanic could only be led to the conviction of the paramount necessity of assuring himself against accidents, disease, and old age, and of avoiding the degradation of becoming chargeable during such misfortunes to the means of others who have provided such store, he would neglect the gross indulgences of the sot, for the self-esteem and honour arising from a con-

sciousness of having worked while it was yet day, and laid up a store for the evil hours which do so surely come.

The drink question is one, however, which is now so frequently brought to our notice, by our worthy teetotal and temperance friends, that I am sure I need not occupy much space in discussing the amount of self-destruction caused by alcohol, directly or indirectly, through debauchery, loss of money, position, or self-respect.

Heredity.

The influence of Hereditary Predisposition is one of surpassing interest, but is also another of those causes of which it is very difficult to procure accurate statistics ; and very few countries have as yet given any data in connection with it.

Relations of suicides are apt to be very reticent of confessing to lunacy in their families, and it is hereditary mental failure, lunacy, epilepsy, dipsomania, &c., which are the forerunners of a future death by suicide.

In Bavaria alone has an effort been made to estimate hereditary influence ; from 1857–66, we are told it was shewn to exist in 13 per cent. of all voluntary deaths, since then in 18 per cent.

Voltaire narrates that he knew a professional man, his brother, and the father of both, who all killed themselves at the same age, in the same manner.

Bucknill and Tuke give examples of suicide from hereditary insanity, and remark, "that they abound;"

similar cases will be found described in almost all works treating of insanity.

Falret gives several cases, for example:—In one, a grandmother, mother, and grandchild, killed themselves. In another, five sons and one daughter, of a questionably sane father, all committed the act.

Griesinger gives us an example :—A man and his wife became insane, he hung himself and she drowned herself; one daughter poisoned herself, a son strangled himself, and another daughter threw herself off a house top.

In Lisle, on " Suicide," ten marked cases are given.

Burrows narrates, at full length, the case of one family, as follows :—The grandfather hanged himself; he left four sons, one hanged himself, one cut his throat, one drowned himself, and one died a natural death. Two of these sons had large families; of the third, two children became insane, one died a natural death, the other made several attempts on his life, and two others drowned themselves, apparently sane.

The effect of mental agitation in a person knowing that he is the descendant of insane persons or of suicides, is worthy of consideration; to a well-educated man, what a " skeleton in the closet " to live with, must be the constant recollection of the risk to which hereditary transmission exposes him. Such a spectre may well refuse to be laid, and must be a fertile cause in the production of another generation of suicides.

Spiritualism.

There is yet another mental cause which is credited both with causing insanity and with causing suicide, especially in the United States. I refer to Spiritualism, in the modern acceptation of the title. It has been seriously discussed in America, whether or not a believer in spiritualism is not ipso facto mad (Buckham) but without going to that extreme point of view, it is most wise to bear in mind that many cases of lunacy and many suicides have been assigned to this cause.

The combined effects of a belief in the doctrine that it is possible in our bodies to hold communication with the departed, and of attempts to practise this system of intercourse, conjoined with the corollary that what spirits reveal is true, and so to say, inspired, has frequently had a most fatal effect on minds of a dreamy sort. I knew, myself, a most sane and sensible young medical man, who became imbued, through a spiritualistic father, with a faith in the possibility of obtaining information of a mystic and occult character by means of somewhat mesmeric proceedings; sad to relate, he very soon became mentally upset with a religious terror, and took his life, without having previously evinced any tendency to self-destruction.

CHAPTER XVII.

TÆDIUM-VITÆ, THE PASSIONS, MISERY AND DESPAIR.

Life weariness was the suicide cause, which French authors supposed to be excited in English people by their climate; and in like manner to their error in attributing a heavier suicide rate to England than to their own country; they erred in assigning tædium vitæ as a fertile suicide cause in England. Modern observations disclose but very few English suicides due to this influence; we islanders require as a rule a stronger stimulus than this one to induce us to terminate our existences. Misery and despair cause a very large number of cases; and so do our passions, yet the passions do not cause so large a percentage as in hotter countries; along the Mediterranean coast, where a sub-tropical climate exists, the vices and license of the passions are a more fruitful cause than in our temperate clime.

Tædium vitæ, disgust of life, is not often a simple weariness, not at least as a suicide cause; it is either profound sorrow produced by a very real and serious loss, or else it is the effect of satiety following the abuse of pleasure; still it is occasionally seen in men and women who have no object in life, and no need

of exertion, and in whom even the daily task of finding something to pass away the time is too onerous.

Tissot cites the cases of Pyramus and Thisbe, Dido, Sappho, Phyllis, Alcyon, Portia, Anthony, Cleopatra and Arria, as examples of suicide caused by unrestrained passions ; and many modern instances are described in Forbes Winslow's Anatomy of Suicide. Jealousy and disappointment in love affairs do not cause so many voluntary deaths as is commonly supposed ; and I think it probable that the suicides of lovers are often caused partly by a desire to punish the offending ones by the regretful feelings which the death of a once-loved person must excite ; and such vengeance is not without a certain sweetness to some persons' minds.

Curiously enough envy also has been assigned as the cause of a person's voluntary death, although it is not clear what consolation this can offer.

The spirit of vindictiveness is, I regret to be obliged to say, a rather fertile cause in this country ; for example, Dr. Danford Thomas narrates that a servant maid, a few years ago, in Central Middlesex, having been blamed for her negligence, was given a month's notice to leave ; she asked permission to go out, it was granted ; she went out and bought a piece of rope ; the same evening she was found hanging in her bedroom.

In the same district, and about the same time, a young woman-servant strangled herself with a neck scarf to spite her mistress, who had scolded her for breakages due to carelessness. In each of these cases the clear opinion of both Coroner and jury was

that a feeling of spite was the only prompter of the act.

Several worthy members of the medical profession have sought in suicide a refuge from the mental pain and anxiety caused by unjust accusations ; a doctor is desperately liable to such charges, which are usually brought for the purpose of extorting money, or for revenge.

There was a sad example in 1865 of a surgeon at Salisbury, and one two years ago at Hounslow ; and since then at Kensington a much respected medical practitioner stooped to self-destruction when a criminal charge was brought against him, which subsequent investigation showed to be without the legal and medical facts necessary to support it.

I believe that if a calculation could be made of the *proximate* causes of suicide in England, the most common causes would be found to be misery, despair of success in life, and remorse for crimes, misdemeanours and follies.

In concluding the consideration of causation, I remark that Morselli and others have said, that in the ancient world political fanaticism had its era for causing men to end their lives ; in the Middle Ages religious fanaticism held its sway as a cause of suicide ; and I should add that in modern times it is the high pressure at which we live, the difficulty of obtaining a livelihood, and the forced education of the young, which fills our asylums and swells our voluntary death-rate.

CHAPTER XVIII.

THE MEANS OF SUICIDE.

It is a somewhat curious fact, considering the immense number of feasible means of terminating one's existence, that there should be such a small number of methods in constant use. To enumerate the possible means which should fulfil the necessities of the case, viz., to be certain and be speedy, would take too long, and would be unnecessary. The means that are used daily are practically very few; the following eight methods include almost every case: Hanging, drowning, shooting, cut throat and other wounds, falls from a height, placing the body in the path of railway trains and other vehicles, poison, and suffocation by want of air, or poisonous gases. Voluntary starvation, which was common in ancient Rome, is now almost unknown. The relative frequency of these means is found to vary in each country, and in each country varies with age, sex, occupation, and opportunity, but these several numbers are very constant year after year.

Whenever we find the use of an exceptional means, which causes prolonged or more exquisite torture, we constantly find evident traces of insanity—(Morselli).

The sane man may kill himself, but he endeavours to do it as easily as may be.

The means I have said is governed by opportunity ; for example, Russians, on account of their climate, live mostly indoors, and are forbidden by law to carry arms, so we find hanging most common. In Italy we have an out-door life, and arms are frequently carried, and there we find shooting and drowning the most common. And now of late years, in proportion to the spread of railways, we find the number of persons casting themselves under trains to increase.

Hanging is the most prominent means of suicide almost throughout Europe ; the Germans are the most conspicuous for choosing this mode of death, and next the Russians ; the Italians, on the contrary avoid it. It is by far the most common means used in England, and has of late years been gaining in frequency in many European countries, notably in France and Denmark. It is never so common among women as among men in any country.

Drowning is the next most frequent means. Italy and France supply the largest proportions ; its amount bears a definite relation to the average temperature ; the cooler the climate the less frequent is suicidal drowning ; it is rare in Russia. The annual reports show that it is decreasing in France.

The female sex is the especial patroness of death by drowning in every country ; twice as many women as men drown themselves in Europe every year.

Fire Arms are used chiefly in Italy and Switzerland ; they form the fifth means in order of frequency

in England. In the neighbourhood of the military frontiers of Austria and Germany they are a frequent means of death.

Cut Throat occupies about the same position as drowning in England and Ireland; but in no other country is it anything like so common. It is beyond all other wounds the most common. Opening of the veins is an almost forgotten practice.

Falls from a height are a specially favoured means of destruction with the Italians; it is neglected by all other nationalities.

Poison is another mode of killing very popular among the Anglo-Saxons, especially in England and the United States. Some poisons are very easily procured by anyone, because they are used in the arts, whilst others are difficult to be obtained, and are seldom used for suicidal purposes, except by medical men and chemists.

The poisons most frequently used are: Opium, morphia, and their preparations; prussic acid, cyanide of potassium (used in photography), and essential oil of bitter almonds (used in cookery); carbolic acid and its preparations, the disinfectant liquids; oxalic acid (used in the arts, to clean metals); strychnia and its preparations, the vermin-killing powders.

Less frequently used are lunar caustic; the mercurial salts; the vegetable narcotics; the mineral acids; preparations of arsenic, phosphorus, and its preparations, chiefly vermin killers; and salts of copper.

Suffocation by carbonic acid gas was first used

in Paris. Closed charcoal stoves are common in France, and it is easy to destroy life by means of them in a small room. The practice is spreading in France, and has taken root in Germany also.

I now subjoin tables of the means employed in England, Scotland, and Ireland, and in London, and in Europe generally.

ENGLISH SUICIDES tabulated according to Means.

MEANS,	1881.		1882.	
	Male.	Female.	Male.	Female.
Railways and other vehicles -	44	6	51	5
Fire-arms - - - - -	118	4	121	2
Cut throat - - - -	279	60	264	56
Cuts and stabs - - - -	16	2	23	3
Falls from a height - - -	27	13	20	21
Burns, scalds, explosions -	2	1	5	0
Drowning - - - -	271	172	240	179
Hanging - - - - -	474	111	528	120
Strangling - - - -	37	12	30	9
Suffocation by vapours - -	2	0	0	0
Poison - - - - -	147	81	117	111
Other causes - - - -	59	17	47	13
TOTAL - - -	1,476	479	1,446	519

Suicides in England: Relative use of various Poisons.

Poisons.	1881.		1882.	
	Male.	Female.	Male.	Female.
Arsenic	6	2	4	2
Mercury	0	0	4	3
Ammonia	1	1	0	1
Phosphorus	3	5	1	5
Sulphuric acid	1	1	2	1
Nitric acid	0	0	1	3
Hydrochloric acid	6	1	8	2
Oxalic acid	7	8	13	11
Carbolic acid	15	18	6	13
Opium and morphia	33	6	20	12
Alcohol	0	1	1	1
Belladonna and aconite	1	1	1	3
Chloroform	1	1	1	0
Chloral	4	1	1	0
Prussic acid	19	1	8	3
Cyanide of potassium	15	1	10	4
Strychnia	7	9	8	11
Benzoline	0	0	1	0
Vermin killers	0	0	7	17
Disinfectant fluid	0	0	1	1
Other poisons	19	24	19	18
Total	147	81	117	111

As a comparison between England, as a whole, and London, I subjoin these figures, relating to cases in Central Middlesex during 1883 and 1884, investigated by Dr. Danford Thomas or myself :—

Means.	1883.		1884.	
	Male.	Female.	Male.	Female.
Hanging	16	1	18	4
Drowning	15	10	7	4
Poison	13	5	21	10
Fire-arms	12	0	8	0
Cut throat	13	4	12	3
Falls	5	3	1	3
Stabs	0	0	1	0
Railways	1	1	0	0
Burns	0	0	1	0
Suffocation	1	0	1	0
Strangulation	1	0	1	0
Other means	1	0	0	0
Total	78	24	70	25

Report of Registrar General for Scotland, 1881.

Population	3,745,485
Total Deaths	72,325
General Death-rate	19·31
Suicide Rate	48·5
Total Suicides	182
Of whom were Males	131
„ „ Females	51

Table of Means.

Means.	Male.	Female.
Railways	2	1
Fire-arms	10	0
Cut throat	26	4
Cuts and stabs	2	0
Hanging	44	8
Drowning	27	26
Poison	11	9
Unstated means	9	3

N.B.—These are the latest statistics issued, 1885.

Registrar General's Report for Ireland for 1882 and 1883.

General Death Rate, 1882, was 17·4; 1883 was 19·2.

Suicide Rate, 1882, was 20·7 ; 1883 was 24·7.

1882.	1883.
There were—	There were—
141 Homicides.	107 Homicides.
105 Suicides { Male, 81. Female, 24.	124 Suicides { Male, 89. Female, 35.

The MEANS were :

MEANS.	1882.		1883.	
	Male.	Female.	Male.	Female.
Hanging - - - - -	24	4	19	8
Drowning - - - -	14	6	17	14
Shooting - - - - -	21	2	20	0
Cutting - - - - -	13	6	25	8
Poison - - - - -	2	4	7	2
Other means - - - -	7	2	1	3

In a Report on the Health of the British Navy for 1883, there are six suicides described, which occurred during the year ; 2 were by fire-arms, 1 by hanging, 2 by drowning, and 1 from poison.

I add here a table, supplied by the "Lancet," of the relative proportional use of various means in the countries of Europe.

Per 1,000 Suicides.

MEANS.	England.	Prussia.	Italy.	Belgium.	Switzerland.	France.
Hanging - -	368	608	167	545	430	450
Drowning - -	208	182	300	228	267	290
Fire-arms - -	46	109	244	118	170	110
Cutting - - -	206	54	55	39	67	40
Poison - - -	94	30	61	23	33	20
Falling - - -	20	9	113	15	11	30
Suffocation - -	30	3	22	4	13	70

Legoyt has calculated the relative proportions of these causes in the two sexes, in Europe as a whole, thus :

	Hanging.	Drowning.	Fire-arms.	Wounds.	Falls.	Poison.
Male - - -	521	150	134	89	26	48
Female - -	395	346	8	59	27	117

Of 151 suicides in New York, in 1883, 56 were from fire-arms, 19 hanging, 15 stabbing and cutting, 12 drowning, 11 falls from a height, 18 poisoning with Paris green, and 7 with opium.

These cases have been also tabulated in a manner showing the relative amounts of each means according to nationalities, and disclose the very remarkable fact, that English, French, Germans and Irish, when they have emigrated and are living in a foreign country, still retain their racial predilections for means of suicide ; but they also shew that there is a tendency to follow the custom of a place, inasmuch as poison, the favourite means of the native of New York, becomes more frequent among the French and Germans there, than it is among French and Germans at home.

Of means rarely observed, I may mention, death by starvation ; it is more rare now-a-days than it was in classical times ; it requires extreme resolution to persevere in this means of self-destruction, and it is extremely painful.

One case of attempted crucifixion is on record, that

of Matthew Lovat, in 1802, at Venice; he indeed made two attempts, but failed in both.

In Middlesex, last year, a man deliberately inhaled coal gas from the supply pipe in his room, and so died of suffocation and blood poisoning.

During 1881, there were five unusual cases in England; two persons blew themselves up with gunpowder, one person burned himself to death, one died of voluntary starvation, and one died from eating horsehair.

During 1880, one suicide was caused by drinking paraffin spirit, and another by swallowing pennies and pebbles.

CHAPTER XIX.

SUICIDE AND CRIME COMPARED; AND ATTEMPTED SUICIDE.

It is instructive to compare the statistics of crime in general with those of suicide; such data as are found in "Recherches sur le penchant au Crime," by A. Quetelet, illustrate this matter; he gives the figure of a curve showing the amount of crime at different ages of life. This curve rises from almost zero at ten years of age to nearly its maximum at 20, quite its highest point at 23, and then falls evenly to half its height at 45; thence evenly to 70, when it is at a similar position to 15 years of age, and thence evenly to zero at the age of 100 years. These proportions are found to exist at the present time in our own country. Among women the maximum falls a little later in life than among men, viz., at 30 years of age. Of crime in general, one woman is convicted to four men.

The seasons disclose a peculiar proportion; in summer there are most crimes against the person, fewest against property; in winter, fewest crimes against the person, most against property.

Officials and professional men are more prone to commit crimes against the person than against property; labourers and mechanics commit more crimes

against property than against the person. Celibacy contributes 60 out of 100 criminals. It seems tolerably certain that one-half of insane persons, two-thirds of the poor, and three-fourths of all criminals are persons who have drunk to excess.

I add in this place, figures shewing the present decrease of crime in England and Scotland, to which reference was made in the preface. This diminution may be, in some part, due to an increase of the police force, and to the greater efficiency of these officers. If these be the real causes of the improvement, and not increased morality, the reason why the suicide rate is not decreasing becomes explained, because, as I point out elsewhere, the police are almost powerless to control the perpetration of suicide.

The number of persons committed for criminal trial in 1882 was 15,260; this shews a diminution of 381 upon the average of five years precedent. In Scotland, 2,692 persons were committed for trial against 2,859, the average for the five years immediately preceding. The total number of "persons of bad character known to the police" in England is also diminished in 1882, being 38,966, against 39,161 in the previous year, and compared to 46,877 in the year 1872.

Sir John Lubbock has lately called attention to the diminished amount of English crime at the present time, and attributes it to the spread of education. Mr. Justice Smith has also spoken on the same point, but hesitates to assign education as the cause of the improvement; he mentions another remarkable point, that the highest rates of criminal violence are asso-

ciated with the population earning the highest wages, chiefly through the greater amount of alcoholic liquors so consumed.

Suicide certainly has points of difference to other crimes of violence; the wicked ones of earth are not those who specially practice it. Education checks crime, although under the influence of increased mental tension self-sacrifice is more rife; alcohol increases crime and suicide also; this I believe to be due to the fact that habitual alcoholic excess lessens the controlling power of the conscience, and renders the mind less able to withstand the tension induced by development.

The prevalence of suicide is every day attributed to the progress of immorality; I associate it as much with the development of thought.

Savages, implacable in their hate, ferocious in their vengeance, and atrocious in their pleasures, do not commit it, although they kill their old people, and do not hesitate to drink from the skulls of their enemies. It was not common among any of the great nations of old until they became cultivated intellectually. Compare Regnault on Mental Alienations.

Attempted Suicide.

The relative proportion between suicides and suicidal attempts has been the subject of much difference of opinion.

It is a common idea that many attempts are made with a view to coerce or influence relations and

friends, attempts which, in fact, are not intended to be successful, although they sometimes succeed.

In general, if a second attempt be made, after a fruitless effort, and especially after recovery from injury, the patient is insane. Attempts at suicide by cutting very frequently fail, as do attempts by the use of fire-arms; but on the other hand, death is much more certain if drowning or hanging has been the means used.

In cases of poisoning, also, the victims are often found half dead, and skilful treatment restores a great number. In a recent case a man threw himself between the rails in front of an advancing train, and yet escaped without any injury; but such attempts are almost certain destruction.

Ogston (Ed. Med. Journal, Feb. 1885) narrates a very interesting and instructive case of suicide: the deceased had evidently made repeated attempts to kill himself with a razor; six incisions were visible on the chest and five on the neck, but the unfortunate man finding himself not dying fast enough, had finally cast himself into the sea, and was drowned.

In view of the great uncertainty existing as to the relation between attempted and completed self-destruction, I made a special appeal to the medical profession in this country, through the medical journals, for information, but received only few replies. As a rule, hospital medical officers consider that attempts far outnumber successes, whilst general practitioners incline to the opinion that failures are less frequent. As a summary of all the cases reported to me, the numbers were in the relative pro-

portion of 21 failures to 12 completed instances. I have already said how difficult it is to form a correct estimate of the number of suicides (see page 58); the sources of error are still more numerous when we attempt to estimate the number of unsuccessful attempts. The police are entirely at a loss to supply any valuable information as to the proportion of attempts. I consider that they are not concerned in a third of such instances; they only hear of those cases that occur in the public streets, or in lodging houses, or in the parks; or of those attempts at drowning, which are at times frequent, by jumping from the bridges, especially in London.

"Of one hundred persons," says Esquirol, "who attempt suicide only forty succeed." Brierre de Boismont says, "for one suicide there are two attempts." Legoyt has ascertained that in Dublin, 1874–76, for three years the proportions (known to the police) were 41 successes and 123 attempts. He also calculates that in the countries of Europe, excluding Turkey, there are annually 28,000 persons who attempt to kill themselves, and 22,000 succeed. The Statistical Society published in Vol. I. of their Journal the following figures; in one year, 75 completed to 47 attempts; in another, 117 completed to 58 attempted; these were London cases, and the numbers were, I believe, procured from the police registers. During a period of nine years, 4,595 suicides were registered in Paris, and 1,864 suicidal failures. In Baden, during two years, 417 suicides were discovered, whilst the official records show only 22 cases of attempted suicide.

The attempt to commit suicide is much less liable to interruption than attempted murder. There is no resistance from the opponent to be allowed for, and it is easy to evade the officers of the law by attempting the act when alone. As a matter of fact, it is a rare event for anyone to commit suicide when in company with others. The majority of suicides are not discovered until after death.

Comte considers it a folly of lawmakers to think that enactments can check the act.

Heber, "Journey through India," calls attention to the very small amount of success, during many years, which English officials achieved in preventing suicidal drowning at Benares and elsewhere in British India, by means of legal enactments.

The Law of Suicidal Attempts.

Suicide, as before described, is a felony; the attempt to commit a felony is in the eye of the English law a misdemeanour; consult R. *v.* Higgins, 2 East., 8; and R. *v.* Martin, 9 C. and P. 213-215. An attempt at Felo-de-se is a misdemeanour over which the quarter sessions have jurisdiction; but it is not an attempt to commit murder within the meaning of the Act 24 & 25 Vict, c. 100, *see* R. *v.* Burgess, 1. L. and C. 258, 32 L. J., M. C. 56.

When the police hear of an atttempt at suicide, the culprit is taken in charge by them; if seriously injured the patient is watched in hospital by a police officer. It is customary to charge the offender before the magistrates as soon as practicable; in such a case it is

more usual to bind over the prisoner to "keep the peace," than it is to send the case for trial; if there be any evidence of insanity, the prisoner is examined by the police surgeon and another medical man; and if found to be insane is certified as such, and confined in an asylum.

I cannot refrain from saying that both law and custom with respect to Suicide are in a very unsatisfactory and anomalous state. On the one hand, self-murder is ranked by the law as a *felony*, one of the worst of crimes;—on the other hand, hardly one suicide a year is called a *felon*. Suicide is not in law any proof of the existence of insanity, yet no sooner is the suicide quite dead, than almost every one cries out that he was insane. Again, an attempt at suicide is a misdemeanour punishable by imprisonment, yet a person caught in the act and taken before the magistrates is generally dismissed from custody, not because of insanity, certainly not, because if that were the plea, he would be sent to an asylum, and not set free; but let the culprit presently die from a cause dependent on the suicidal injury, and the verdict will be that he was insane. Surely such incongruities cannot be allowed to exist much longer.

CHAPTER XX.

SUICIDE IN BRITISH INDIA.

The information conveyed in the preceding pages, in reference to suicide in England, and in the countries of Europe, applies in a small degree only to Hindostan. In this vast tract of country, including many separate states, some of which are still under native rulers, and in which very different religious beliefs exist, and are practised side by side, the suicidal tendencies are very varied. The habits and customs of the several races are so entirely distinct in many points, that no surprise need be felt when we observe the very different attitudes these hold in respect to self-destruction. The Mohammedan races avoid it; the Brahmins encourage it in their religious customs, and in their social life; whilst the floating British population exhibits a slightly higher rate than that of the British at home.

The laws respecting suicide in the districts under British rule, are enacted by the Indian Penal Code, cap. xvi., ss. 300, 305, 306, 309.

For other regulations refer to s. 19 of Reg. xix. of 1807; and Nizamut Adawlut Reports, Vol. iii. of 1833.

The average suicide rate for India, as a whole, I estimate at 40 per million ; the rate for the city of Calcutta alone was estimated some years ago as high as one in 2,000.

Statistics of suicide are unfortunately even less reliable in respect to India than they are in regard to Europe, for it is to be feared that a very large number of murders are hidden by want of evidence, and by false statements, under the garb of voluntary death. The Hindoos of the lower class have the very faintest idea of the value of truth for its own sake, and Hindoo evidence can be manufactured at a low price in any quantity.

The causation of the suicides of the natives of Hindostan falls into four chief divisions (Chevers), upon each of which I add a few remarks.

Revenge or Accusation.

Although less common at the present time than formerly, cases are still seen in which a man or woman will commit suicide to spite another, and call down the opprobrium of the neighbours on him for some injury, or fancied slight, such deaths were called *chandi*, or self-immolation ; the Rajpoot class greatly practised it ; they would protest against a decree, and then stab themselves as a final protest. Another form was *dhurna*, sitting at an enemy's door and waiting for death by starvation, hoping to bring down a curse on the offender. The erection of a *koor*, or wood pile, for conflagration, and self-burning

thereon, with or without the offering of some animal, was also a process designed to invoke curses on an opponent. Cases have also been observed is which a man has cut his throat in a neighbour's house, so that the neighbour might be accused of murder, and so be made to suffer the penalty for that crime. A fakir has been known to set himself on fire, to excite charity ; and a Brahmin has thrown himself into a well, that his ghost might haunt the owner of it.—Esdaile.

Religion.

The Brahmin religion has had for ages a tenet that self-sacrifice is the most acceptable offering to deity, and five modes of great sanctity are enumerated : 1. Starvation ; 2. Burying alive ; 3. Drowning in the Ganges ; 4. Covering the body with dried cow dung, and setting it on fire ; and 5. Cutting the throat at the mouth of the Ganges. See the "Ayeen Akbery." To throw oneself off the precipices of the Mahadeo hills was also a sacred act (Sleeman), and perhaps above all was deemed the death by crushing under the wheels of the Car of Juggernath.

A collateral religious rite is *sati*, or the enforced burning of widows after the death of the husband ; this martyrdom is now almost extinct, except perhaps in the native-governed states. It was very prevalent as late as 1803, in which year no less than 275 wives were burned within 30 miles of Calcutta.

A male Hindoo will also occasionally burn himself on a wood pile even now, just as did Calanus in the

time of Alexander the Great. See "Friend of India," 1866.

Forbes describes several cases in which Brahmin devotees forced themselves to continue eating until their deaths took place.

Physical Suffering.

Suicide as a means of relief from pain and disease is common in Bengal; the sacred books named the Shastras inculcate the doctrine of its propriety in such cases. In former times these deaths took place with public ceremonials, but are now perforce privately completed. Intestinal worms seem to produce great physical pain and discomfort among the poor rice-eating Bengalese, and suicide is not infrequent from this cause.—Woodford.

Grief, Shame, and Jealousy.

The Hindoos seem to be very sensitive to some trifling annoyances, which the Englishman would take no notice of, and suicides are not uncommonly the effect of insults and imputations. Thus, the Commissioner of the Chota Nagpore district mentioned the case of a woman who poisoned herself because her husband complained of her untidiness, and another because she was asked to feed her own child, instead of being provided with a nurse. A wife killed herself because a friend told her that her husband was illegitimate.—Bellasis.

Forbes mentions that when he was at Dhuboy

suicide was very common among Hindoo widows of the upper classes, who being interdicted from marriage threw themselves into the wells after perceiving the results of their imprudences. Jealousy is also a very fertile cause of suicide among Hindoo women.

The means used for committing suicide in India are among females almost always drowning, especially in wells, and among the males drowning and hanging are about equally common.—Muir of Madras.

CHAPTER XXI.

THE PREVENTION OF SUICIDE, AND THE TREATMENT OF THE SUICIDAL TENDENCY IN THE INSANE.

It is a terrible thought that our much boasted civilisation and modern educational advantages bring with them a suicide rate which nothing so far has been found to check.

The struggle for existence, at our present high pressure, ends in the survival of the strongest and most able ; the weaker in body, and the feebler in mind, get pushed aside and pass away before their due time by disease and self-destruction.

What can be done ? the wheel of progress cannot be stopped because it crushes some victims in its onward course. The abolition of monopolies, and even the reforms of land holding, land conveyance, the refusal of special advantages to primogeniture, and the schemes of trade unionists, now being agitated, cannot do away with poverty. "The poor ye have always with you," said Jesus, and He no doubt meant, "and always shall have," in this probationary world. If only the grand principle of "moderation in all things" were more thoroughly followed out to its legitimate conclusion, many deaths due to the ex-

tremes which so many strive after, might be avoided ; peace, health, and competence should be our aim, not wealth and extravagance ; and the waves of commercial depression which so repeatedly occur are but the sequence of commercial exaggeration, and follow upon over-inflated markets.

However various may be the opinions regarding the mental state of suicides, there is no practical dissent from the acknowledgment of the desirability of preventing the commission of suicide.

For our purpose, then, it will suffice to consider, on the one hand, what means are necessary to restrain patients who are acknowledged to be insane ; and on the other hand, what measures are permissible to dissuade and prevent those in trouble or pain from taking their own lives ; such means will be equally available whether we think these sufferers sane in their deaths, or insane from the time when they attempt the destruction of their lives.

There are doubtless cases of suicide in which it is impossible to decide as to the mental state of the patient ; no definition of insanity has ever yet been agreed to, and probably never will ; and until medical science has advanced so far as to be able to estimate how much grief or pain a man can support without attempting to evade his sufferings, there always will be voluntary deaths of persons who are so notoriously sane as to forbid the application of restraint. Yet survivors will postulate a momentary insanity, when such persons shall have destroyed themselves to avoid the possibility of an error of judgment.

Suicide of the Insane.

In a work such as this, intended not entirely for physicians, but also for students of Social Science, I do not think it fitting to enter into particulars as to the exact means of treating the suicidal propensity in such cases, nor do I suggest any definite medical prescriptions to relieve collateral symptoms; such may be safely left in the hands of the skilful physician. I have only to insist on the urgent necessity that exists for the immediate removal from society of any person exhibiting mind failure, who shows any tendency to self-destruction; and even if suicide be not definitely threatened, no time should be lost in commencing the care and treatment of a lunatic.

And, again, the means of treatment, and, if necessary, of coercion of those definitely of weak, or of unsound mind, fall to the alienist.

The whole question of Asylum treatment is now under consideration; whether any private establishments at all should exist, is debated with zeal; the further question of whether the treatment and care of the insane ought not to be begun and perhaps continued, just as is the treatment of bodily disease, without any formal certification, has also been broached of late, by an editorial in the "Lancet" of last year. These questions do not fall within the scope of a treatise on "Suicide as a fact." The managers and attendants in English asylums may at any rate be congratulated on their care of their

patients in this matter, for the rate of suicide in asylums is but 1 per 1,000 annually.

Many once popular modes of treatment of insane persons are now almost forgotten, just as many modes of treating bodily diseases have disappeared.

As a preventive of suicide in melancholia, the noted Avenbrugger recommended that the patient should be made to drink a pint of cold water every hour, whilst his feet were wrapped in flannel. Hufeland also advised the ingestion of plenty of cold water for mania. The eminent alienist Burrows recommended emetics, bleeding, and warm baths, accompanied by cold douche to the head, as measures fitted to remove the suicidal propensity. The means recommended by Brierre de Boismont for avoiding the suicidal propensity in the insane were the persistent use of morphia to ensure sleep, and the prolonged use of baths, the continuous immersion of the body for four, five, or six hours. Griesinger remarks that medication is of no use, and that mechanical restraint does not remove the tendency, even if it renders the act impossible for the time; nothing but constant watching is of any avail until the inclination passes off.

It has been suggested by many physicians that bleeding would remove the suicidal tendency in cases where it is associated with cerebral irritation, congestion, or inflammation.

Several cases of cut-throat are on record, in which the patient, who had just been raving, became sane after the bleeding which followed his act: Dr. Southwood Smith mentions this, see "Philosophy of

Health," vol. i., p. 109; and the elder Disraeli mentions that a surgeon narrated such a case to him. See "Curiosities of Literature." The case of the late Sir Samuel Romilly was one example of this point; the bleeding restored his senses, and he did all in his power to check the hæmorrhage. See Wynter. "Borderlands of Insanity."

Suicidal patients require most watching early in the morning; a good lunch often dispels the tendency for the day. During convalescence from mania, &c., relapses into suicidal condition are very common, and it is frequently in these remissions that nurses become less watchful just when they should be vigilant, and the act is committed.

When the tendency is the result of alcoholism, we are met by this difficuity; restraint is needed, and yet no one has the power to enforce restraint; the physician succeeds well enough in relieving the alcoholic delirium and coincident risk of suicide, perhaps time after time; but is powerless to prevent a succeeding attack. Unless a sufferer can be induced to volunteer his entry into a retreat, there are no means of saving him from himself. So long as a man is sensible when sober, be it only for an hour a day, he is beyond the reach of compulsory cure.

In the suicidal mania of parturition, on the other hand, the patient is happy in being already, from her state, under the practical control of her medical attendant, and hence such cases are almost always restrained successfully.

The essence of impulsive insanity is its occurrence

without any warning; yet many such suicides might be prevented by a more careful observation on the part of the companions of a patient. Whenever there be any hereditary taint of insanity, or of dipsomania, or of chronic nervous disease, or epilepsy; if there be heredity of self-destruction, or if there have been a previous attack of insanity, or if there be insomnia, the slightest symptoms of mental alteration should be watched for; alterations of conduct, the attitude of suspicion, or of self-accusation, or of unnecessary melancholy. The facial expression will frequently raise the alarm; the restless uneasy eye, and ever varying play of the muscles of the face in one case; and the settled glare of the eye, and expressionless features in another, should warn observers of an approaching crisis of disordered intellect.

Suicide of Sane Persons.

The suicidal tendency so often coexists, either with straightened circumstances, or sudden deprivation of income, that the very modes of treatment most likely to remove the tendency are by these very causes rendered impracticable. Temporary abstention from duty or business, coupled with change of climate and scene, would doubtless cure a very large per-centage of cases, but it is exactly the inability to drop the chains of employment, and the absence of the monetary means for travel which are lacking.

The means of cure when they are practicable are obvious enough to any physician; a healthy and not too arduous employment; change of air, and scene;

and of companionship; the improvement of the bodily health, the exhibition of nervine tonics; and last, but not by any means least, the exercise of every possible means of making sleep a certainty.

The continuous poring over one's troubles, and contemplating one's fate, without the definite lengthy intermissions given by healthy sleep, are most fertile causes of nervous breakdown and attempted self-destruction. The occurrence of a long night's slumber frequently entirely removes the pernicious intentions at which an overwrought brain arrived over night.

I have already alluded to the debated question as to the tendencies of religion and education.

Statistics seem to point so clearly to development of the mind and mental tension as a cause of voluntary death, that it is probably of no use to look to education as a cure for the suicidal tendency in individuals.

The cultivation of a religious conviction of the sanctity of life, and the sin of a self-inflicted death is a more certain hindrance to suicide. Persons who are unable to obtain this mental conviction, are, I believe, more prone to take their lives in time of trouble, and beyond good advice and the care of their friends, I do not know that any means exist to restrain them. See Legoyt, Esquirol, Cazeauvieile and Descuret.

A man has a strong natural claim on his relations to take care of him when he meets with an accident, or is bodily ill, and it is always admitted; the same claim exists that he should be protected against him-

self, not only when insane, but when in great mental perturbation, misery or depair. Nothing but a constant watchfulness will suffice to restrain some persons from ending a life of present wretchedness, and enable them to experience the better times, which are very often in the future.

Among measures of precaution, the removal of suggestive weapons, and of books and papers likely to bring to recollection instances of crime or self-destruction, must not be omitted.

Every effort should be made to secure full occupation for the mind of a composing character if possible ; ennui or tædium vitæ is an important predisposing influence.

Of the numerous French authors on suicide, the first rank is held by Brierre de Boismont ; his suggestions for the prevention of suicide, among reasonable persons, *i.e.*, not insane, are to avoid sadness, to procure a family, and to follow some business ; and with regard to religion, he advises the confessional and the cloister. Ebrard also extols these two means of cure ; of the latter remedy I have no experience, and the former is not likely to be much used in this country.

" We are attacked by many moral and social ills ; there is much madness in our heads, and many evil passions, and weaknesses in our hearts ; but the sources of purity are not dried up, the springs of human energy are not exhausted. Let us hope then, let us hope ! "

CHAPTER XXII.

SUICIDE OF ANIMALS.

The question "to what extent does the mind of one of the lower animals resemble that of man," has been argued by many able men, but no very definite decision has been arrived at. The point is of prime importance in a consideration of whether animals can commit suicide; I mean "can animals kill themselves intentionally, either as the result of consideration and choice, or of impulse?"

No one doubts that animals may die from some voluntary action of their own; for example, a dog may die of eating poisoned food, or a horse may die from a blow caused by jumping over a space with insufficient caution and observation, or a monkey may cut his throat by imitating a man shaving; similar deaths would not be called suicide in man. The tendency of the present day is rather in favour of granting to the lower beings of creatiou a larger share of intelligence than used to be assigned to them. Not many years ago it was almost universally granted that animals had no soul, and no future life, and only a limited instinct in this life; no reasoning powers, and no foreknowledge of approaching death; all these points have of late years been declared to be uncertain.

If we deny to animals powers of reflection and

knowledge of a necessary death, it is not possible to assent to the statement that an animal can in its own mind decide to end its life at any certain time.

Some animals, certainly, protest against entering a yard where others have been slaughtered, as if the smell of blood suggested their fate to them, but what we understand as instinct suffices to explain this terror. Birds of prey are known to detect by sight or smell when an animal is about to die; this again is the instinct provided to supply them with food.

If it be true that a scorpion will sting itself to death when irritated beyond measure, I should be inclined to think that it perishes in its efforts to sting its enemies; or if not, I should imagine that the action resembles that of a man tearing his hair from anger, when he cannot injure his opponent. And the same ideas will apply to the case of the bee, which is similarly said to kill itself in wounding its enemy.

Wild birds will refuse food and die, if confined in a cage; and the survivor of a pair of tame birds, after the death of his mate, is often noticed to refuse food and rapidly die of exhaustion; but I should explain such cases by saying that the loss had made so intense an impression on the creature's consciousness as to supersede the impulse to feed itself.

I myself remember seeing a healthy little dog refuse food, pine away and die, when its young mistress, who had for months hourly petted it, became a mother, and the dog became neglected; its death was from neglect of a voluntary action, but was it volitional?

Regnault, Elias, in his work on Mental Alienation, decides against the possibility of the lower animals

ever effecting a voluntary death; he says, "Suicide is the most energetic assertion of man's superiority; why do not animals conceive and execute it? Because their nature is entirely passive; to them the choice of life or death is not given; man, on the contrary, eminentiy free and active, is able to extend his energy even as far as self-destruction."

Narratives of the deaths of animals, especially when these have been pets, are apt to be very unreliable, from the infusion of sentiment, and many of the anecdotes of suicide of animals which I have investigated have a semi-mythical character. The stories to which I give references would close the controversy as to whether animals ever do, or do not commit suicide, *i. e.*, kill themselves with the intention of ending their lives, and not accidentally nor inadvertently, if they could be relied on to possess anything like scientific accuracy. Most of them have been published in newspapers, &c., where errors would be liable to suffer correction.

Aristotle narrates that a horse having been induced to have connection with his own dam, by the artifice of veiling her, for he had refused to do so previously, on seeing what he had done, jumped intentionally from a cliff, and was killed by the fall. See History of Animals, lib. ix., cap. 47.

But Professor Axe, of the Royal Veterinary College, tells me that he has never heard of *such* a refusal on the part of a horse, neither has he ever observed any instance which seemed to him to point to the intentional self-destruction of any animal.

There is an old story mentioned in Boswell's Life of Johnson, that a scorpion if irritated by placing it

within a ring of burning coals, will thrust its own sting into itself, and so commit suicide; Dr. Johnson doubted it, and remarked that Maupertuis did not credit it.

Bory de St. Vincent, in the classic "Dictionnaire d'Histoire Naturelle," vol. 15, says he has tried the experiment, and the scorpions simply became suffocated.

There is reference to the suicide of scorpions in Nature, Vol. xi., p. 29, which speaks of irritating a scorpion by means of a burning glass, with the same result. In the next week's number, p. 47, is another mention of a similar observation. At Vol. xx., p. 553, a writer denies the possibility of a scorpion striking itself, whilst at p. 577, Prof. Allen Thompson details hearsay instances of scorpions forcibly piercing their own heads by their recurved stings, when annoyed by a bright light.

Youatt, Wm., V. S., tells the story of an artillery horse which refused food, and died from starvation, after the death of another horse, with which he had long worked. See "The Horse."

Dr. W. L. Lindsay is a copious writer on this subject. He fully believes in animal suicide, and speaks of old age, wounded feelings, pain, desperation, continued ill usage, captivity, and self-sacrifice as causes; and states that he has notes of instances occurring in the dog, horse, mule, camel, llama, ass, monkey, seal and deer; stork, cock, jackdaw and duck; spider and scorpion; he narrates also some of the cases for which I have given references. See "Mind in the Lower Animals."

He gives also many very interesting examples of accidental self-destruction, such as the strangling of horses by their halters, when endeavouring to escape from a stable; that monkeys have cut their throats from imitating a man shaving; and that mice have been poisoned by eating greenbacks.

Some sorts of fish, as salmon, have been noticed to throw themselves out of the water, but it seems very doubtful whether this act is meant to be suicidal.

Voluntary deaths of animals during panic and terror, and from fascination, seem to intervene between accidental suicides, and suicides which appear to be the result of choice; such deaths are caused by the headlong flight of sheep when worried by a dog, or are caused by fires on the prairies; or by fascination, as seen in the case of moths in a candle flame.

Other instances of apparent suicide may be consulted, viz.:—

Suicide of,—

Dogs, by a railway train, see Freeman's Journal, Dublin, 1878.

Some fowls, by drowning. Sir S. Baker. The Albert Nyanza. 1876.

Deer in America. Dr. Pierquin. Traité de la folie. 1839.

Storks in conflagrations. Houzeau, J. C. Etudes sur les facultés mentales des animaux. 1872.

Pike, from pain. Watson, J. S. The Reasoning Power of Animals. 1870.

Dog, from the pain of a seton. Wynter.

Spider. Gillies, R. On the Habits of Spiders. 1876.

Dog, by drowning. Shrewsbury Chronicle. Oct. 25, 1878.

Cat, by drowning. Notes and Queries. Oct. 19, 1878.

Dog, by drowning. Notes and Queries. June, 25, 1884.
Horse by drowning. The Veterinarian. Aug. 1864.
Cat, by drowning. Stamford Mercury. Aug. 16, 1878.
Horse, by drowning, at Alloa. July 1876.
Elk. Sir S. Baker. Eight years in Ceylon. 1874.
Dog, from madness. Dr. Macdonald. Times. Oct. 1874.
Dog, from pain of a wound. Dundee Advertiser. 1874.
„ „ old age. Northern Ensign. July 20, 1870.
„ „ „ Norris (Lindsay.)
„ „ old age and pain. Morris. (Lindsay.)
„ „ broken legs, North British Daily Mail. 1876.
Monkey. Forbes. (Lindsay.)
Canvas-back Duck. Gillmore, P., Prairie and Forest. 1874.

APPENDIX.

THE ATTITUDE OF ASSURANCE COMPANIES TO THE SUICIDE.

To obtain this information application was made to each of the offices mentioned, for a prospectus which should include the regulations with respect to forfeiture of policies. I find by analysis that there are seven varieties in the proceedings of the companies, and in all of them assigned policies are indisputable.

A.—Policy is void by suicide :—Crown, Hand-in-Hand, Law, Rock, Provident, and Royal Exchange.

Of these, however—

Hand-in-Hand *may* return premiums and interest.

Law *may* pay a sum of money if the directors think fit.

Provident *may* pay a surrender value.

Crown *may* make a reasonable allowance unless the suicide be felo-de-se.

B.—Policy is not void after five years' existence :—Atlas, Gresham, Mutual (if assured be 30 years old), Prudential, Whittington, Sun.

C.—Policy is not void after three years' existence :—Alliance, British Empire, Norwich Union, Pelican.

D.—Policy is not void after two years :—Star, Commercial Union.

E.—Policy is not void after 13 months :—Guardian ; London Assurance Company.

F.—Policy is not void after one year :—Clerical, Medical, and General ; Legal and General ; Liverpool, London, and Globe.

G.—No mention is made of suicide in the prospectuses of the following companies :—Equitable; London, Edinburgh, and Glasgow ; Economic ; New York ; Northern ; Royal ; Scottish Amicable; Union ; West of England.

The Union, and West of England, have a clause that "No claim is disputed unless there is palpable fraud."

Of these thirty-two companies only one makes a distinction between suicide of the insane, and felo-de-se., viz., the Crown.

BIBLIOGRAPHICAL INDEX.

Agabeg and Harris. Principles of the Criminal Law, 3rd ed. 1884.

American Journal of Medical Science. 1878. See Palmer, O. H., and Gray, J. P.

Anti-hegesias. A French Poem on Suicide, critical and historical. 1763.

Baer, A. Der Alcoolismus. 1878.

Bareuc. Reflexions sur le Suicide. 1789.

Beccaria, Bonesana C. On Crimes and Punishments, an essay. 1777.

Beck, John B. Elements of Medical Jurisprudence. 1842.

Bentham, Jeremy. Principles of Penal Law. 1843.

Bertrand, Louis. Traité du Suicide. 1857.

Block, Georg. Vom Selbstmord. 1792.

Bonomi. Del Suicidio in Italia. 1878.

Bourdin, Dr. C. E. Du Suicide. 1845.

Briand, J., and Chaudé, E. Manuel complet de Médecine Légale. 1880.

Brierre de Boismont, Alexander. Du Suicide. 1856.

British Medical Journal.

Brouc. Considerations sur le Suicide de notre epoque. 1836.

Bucknill and Tuke. A Manual of Psychological Medicine. 4th ed. 1879.

Buckle, H. T. History of Civilization in England. 1869.

Bunyon, C. T. A Treatise on Life Assurance. 18 .

Buonafede, Appiano. Histoire de Suicide. 1762 and 1843.

Burdach. Traité de Physiologie. 1841.

Burrows, G. M. Commentaries on Insanity. 1828.

Camp, Maxime du. Memoires d'un Suicide. 1855.

Caro, E. Le Suicide dans ses rapports avec le civilisation. 1856.

Carpenter, W. B. Principles of Mental Physiology. 4th ed. 1876.

Casper, J. L. Forensic Medicine, translated from the German by J. W. Balfour. 1861–5.

Cazauvieilh, J. B. Du Suicide. 1840.

Chevers, Norman. The Medical Jurisprudence of India. 1870.

Chevrey, J. Etude Médicale sur le Suicide. 1816.

Chitty, Joseph, the Elder. Medical Jurisprudence. 1834.

Connoisseur, The. No. 50. 1755.

Dabadie, F. Les Suicides Illustres. Vol. I. 1859.

David. Note sur le Suicide en Danemark. 1860.

Debreyne, M. Du Suicide. 1847.

Descuret, J. B. F. La Médecine des Passions. 1841.

Despine, Prosper. Psychologie Naturelle. 1868.

Dictionnaire des Sciences Médicales. Art. Suicide, by Esquirol.

Douay, Edmond. Le Suicide. 1870.

Dumas, Jean. Traité du Suicide. 1773.

Ebrard, N. Du Suicide. 1871.

Elam, Ch. A Physician's Problems.

Espine, Marc de. Essai analytique de Statistique Mortuaire Comparée. 1858.

Esquirol, E. Maladies Mentales, 1838, and Article S. in Dict. des Sciences Médicales.

Etangs, Des. Du Suicide Politique. 1860.

Falret, J. P. De l'hypochondrie et du Suicide. 1822.

Farr, A. Reports of Registration of Deaths.

Foderé, F. E. Traité de Médicine Légale. 1813.

Formey, J. H. S. Mélanges philosophiques. Berlin, 1754.

Franklin, B. V. De la Philosophie et de la Morale du Suicide. 1835.

Gentleman's Magazine. Vol. xxv. 1755.

Girardin, St. Marc de. Du Suicide et de la Haine de la Vie. 1843.

Goethe, J. W. Von. The Sorrows of Werter. 1774.

Gru, Eugène. Les Morts Violents. 1864.

Hecker. De Autokeiria Martyrum. 1720.

Holbach, Paul de. Le Système de la Nature. 1770.

Indian Medical Gazette.

Jaccoud. Nouveau Dictionnaire de Médecine. Art. Suicide. 1883.

Jervis, Sir John. Office and Duties of Coroners, by Melsheimer, R. E. 1880.

Josephus, Flavius, Works of.

Jousset, P. G. Du Suicide, 1858, and Sur le Rage, 1868.

Kayser. La Statistique Officielle du Suicide en Norvege. 1852.

Lancet, The.

Laverdy. Code Pénal.

Lecky, W. E. H. History of European Morals.

Legoyt, A. Le Suicide. 1881.

Leibnitz, C. W. Von. Du Suicide. 1865.

Leroy, Dr. Etudes sur le Suicide. 1870.

Lisle, E. Du Suicide. 1856.

Lunacy Commissioners, Returns of the.

Luys, J. Des Maladies Hereditaires. 1863.

Marc, C. C. H. De la Folie. 1840.

Maudsley, Henry. Insanity and Crime, 1864, and Body and Mind, 1873.

Medical Critic. 1861, 1862.

Medical Times and Gazette.

Mental Science Asylum, Journal of.

Merian, De. Discours sur la crainte de la Mort, et sur le Suicide. 1763.

Mesnier, L. J. E. Du Suicide dans l'Armée. 1881.

Millar, W. H. Suicide in the Army. See Journal of the Statistical Society. 1874.

Montaigne, Michel de, Essays of. 1580.

Moore, C. A Full Enquiry into Suicide. 1790.

Morselli, Enrico. Il Suicidio. Milan, 1879, and Suicide an abridged translation, London, 1881.

Montesquieu, C. de S. Lettres Persanes. Nos. 74 and 76.

Nizamut Adawlut. Reports of Criminal Cases in India.

Oettingen. Ueber Acuten und Chronischen Selbstmord. 1881.

Ogston, Francis. Lectures on Medical Jurisprudence. 1878.

Osiander. Ueber den Selbstmord, 1813.

Paley, W. Principles of Moral and Political Philosophy. 1785.

Parent Du Chatélet. Hygiène Publique, 1836, and De la Prostitution, 1857.

Paris and Fonblanque. Medical Jurisprudence. 1823.
Plutarch. Life of Alexander the Great.
Pope, H. M. Law and Practice of Lunacy. 1877.
Prévost. Notes sur le Suicide dans le Canton de Genève. 1836.
Psychological Medicine, Journal of, 1859, 1878, 1879, 1882.
Quetelet, L. A. J. De l'homme, 1835, and Essai de Statistique Morale, 1866.
Radcliffe, J. N. Suicide Fields.
Ravizza, C. Il Suicidio. Milan. 1878.
Ray, Isaac. Medical Jurisprudence and Insanity. 1839.
Registrar General, Reports of. Annual.
Regnault, Elias. Nouvelles Reflexions sur le Suicide. 1830.
Rousseau, J. J. La Nouvelle Heloise. Letters xxi. and xxii. Part iii.
Salomon, Bromberg. Welche sind die Ursachen der in neuester Zeit so sehr überhand nehmenden Selbstmorden. 1861.
Sleeman, W. H. Rambles and Recollections of an Indian Official. 1884.
Smith's Annals of Indian Administration.
Social Science Review. 1862 *et seq.*
Stael, Mme. de. Influence des Passions, 1817. Reflexions sur le Suicide, 1820.
Staeudlin, C. F. Geschichte der Vorstellungen und Lehren vom Selbstmorde. 1824.
Statistical Society, Journal of.
Stephen, Sir J. F. A Digest of the Criminal Law, 1877, and a History of the Criminal Law of England. 1883.
Suicide, an Elegy. 1775.
Suicide, its Guilt and Punishment, in S. P. C. K. series. 1836.
Suicide, on. Rel. Tract Soc. 1830.
Szafkowski, L. F De la Mort volontaire. 1840.
Tardieu, A. A. Etude Médico-Legale. 1870.
Taylor, A. S. Medical Jurisprudence; edited by Stevenson. 1883.
Tissot, J. La Manie du Suicide. 1840.
Tissot, J. Le Droit Penal. 1860.

Tissot, S. A. Onanisme. 5th ed. 1781.

Trousseau, A. Clinical Medicine. 1867–71, transl. by the New Sydenham Soc.

Voltaire. F. M. Arouet de. Dictionnaire Philosophique. 1765.

Wagner, Adolph. Die Gesetzmässigkeit in den scheinbar willkürlichen menschlichen Handlungen vom Standpunkte der Statistik. 1864.

Wharton, Francis. Mental Unsoundness. 1855.

Wharton and Stillé. Medical Jurisprudence. 1873.

Winslow, Forbes. The Anatomy of Suicide. 1840.

World, The, No. 193. Sept. 1756.

INDEX.

Abercrombie on Suicide, 124.
Advanced Views on Suicide, 5.
Afghan Surgeon, Suicide of an, 121.
Age, Effect of, 109.
Alcohol, Abuse of, 136. 156. 170.
Animals, Suicide of, 174.
Anomalies of Law, 160.
Aphelion, 69.
Archway at Highgate, 131.
Aristotle on Suicide, 9. 91. 176.
Army, Suicide in the, 98.
Assurance Companies, 180.
Asylums, Foreign, 127.
Asylums, Use of, 168.
Athens, Ancient, 9.
Attempted Suicide, 156.
Attitude of Assurance Companies, 180.
Austria, Suicide in, 61, 62. 96. 99. 146.
Austrian Suicide Law, 50.
Axe, Professor, on Suicide, 176.

Bailey, Nathan, on Origin of the Name Suicide, 31.
Balzac on Suicide, 41.
Beccaria on Suicide, 42.
Belgium, Suicide in, 60. 62.
Bentham on Suicide, 47
Berenice, Suicide of, 16.
Berlin, Suicide Rate in, 95.
Bible, Suicides of the, 17.
Bibliographical Index, 182.
Blandford on Suicide, 120.
Bleeding, Use of, 169.
Blindness, Effect of, 135.
Bodily Disease, 135.
Bodio, Formula of, 61.
Borrodaile *v.* Hunter, 53.
Brahmins, Suicide among, 11. 161.
Brierre de Boismont, 83. 106. 111. 173.
Broussais on Causes of Suicide, 66.
Buckmill and Tuke on Suicide, 121. 123.
Burial of a Suicide, 45.
Burrows *v.* Burrows, 56.

Calanus, 11.
Calcutta, Suicide Rate of, 162.
Carbonic Acid Gas, 146.
Cato, 22. 38.
Causation, 65.
Causes, Tables of, 70. 72, 73, 74.
Celibacy, 112. 155.
Ceos, 7.
Chambers *v.* Queen's Proctor, 57.
Charcoal Stoves, 147.
Chatterton, Suicide of, 132.
Childhood, 111.
Children, Effect of having, 114.
China, Suicide in, 13.
Christian Church, 3. 14.
Chrysostom, St., 16.
Cities, 93, 94.

Classical Authors, 30.
„ Suicides, 18.
Climate, 78.
Cloister, Use of the, 173.
Coal Gas, Suicide by, 153.
Colton on Suicide, 37.
Commerce, 96.
Confessional, 173.
Convict Life, 100.
Coroner, Warrant of, 45.
Councils of the Church, 14.
Crime, 90. 154.
Crucifixion, 152.
Curious means of Suicide, 153.
Cut-throat, 146.

Dabadie on Suicide, 121.
Deafness, 135.
Decrease of Crime, 155.
Dementia, 124. 126.
Denmark, Suicide Rate in, 60, 62. 89.
Desfontaines, 31. 39.
Despine on the Causes of Suicide, 67.
Development of Mind, 156
Drowning, 145.
Drunkenness, 137.

Ecclesiastical Law, 15.
Education increases Suicide Rate, 81. 112. 156.
Education decreases Crime, 155.
Egypt, Suicide in, 13.
Elam on Suicide, 92. 133.
Emigration, 76. 152.
Employment, 95.
England, Suicide in,
„ Army of, 98.
„ Navy of, 99.
„ Prisons of, 100.
Epicureans, 3. 10.
Epilepsy, 119. 171.
Epidemic Suicide, 129.
Etna, Mount, 133.
Europe, Suicide in, 151.

Failed, Suicide, 156.
Falls, Suicide by, 134. 146.
Family Life, 89. 126.
Fascination, 134.
„ in Animals, 178.
Felo-de-se, 43. 160.
Female Suicide, 105. 108, 109, 110.
Fire Arms, 145.
Fleming, R., on Suicide, 34.
Forfeitures by Suicide, 45, 46.
Forms of Lunacy, 123.
Found Drowned, 59.
France, Laws in, 16. 50.
„ Suicide in, 61, 62, 63. 83. 115. 151.

Gas, Suicide by, 146. 153.
German Law on Suicide, 49.
Germany, Suicide Rates in, 60. 62. 87. 114. 125. 152.
Gibbon on Suicide, 47.
Goethe on Suicide, 41.
Greece, Ancient, 7.
Greek terms for Suicide, 32.

Hamlet, 33.
Hanging, 145.
Hegesias, 129.
Heredity, 138.
Hindoos, 11.
History of Suicide, 7.
Holland, Suicide in, 60, 61.
Horn *v.* Assurance Company, 55.
Horse, Suicide of, 176.
Hours of the Day, 106.
Hume, David, 3. 36.
Hysteria, 109.

Iago on Suicide, 33.
Imbecility, 124, 125.

Imitation, 131.
Increase of Suicide, 58. 60. 62.
India, Suicide in, 161.
Insanity, 116–128.
„ not proved by Suicide, 47, 48. 56. 160.
Insomnia, 136.
Ireland, Suicide in, 150.
Italy, Suicide in, 60. 62. 110. 113. 151.
„ Prisons of, 101.

Japan, Suicide in, 13.
Jews, Suicide among the, 2. 11. 85.
„ very liable to lunacy, 86.
Johnson, Dr., on Suicide, 36.
„ on Suicide of Scorpions, 177.
Jurisprudence, Civil, 51.
„ Criminal, 43.

Koor in India, 162.

Latin terms for Suicide, 31.
Laws on Suicide, 43.
„ Foreign, on Suicide, 49.
„ Indian, on Suicide, 161.
Lea River, Corpses in the, 60.
Legoyt on Suicide, 42.
Lindsay on Animal Suicide, 177.
Lisle on Suicide causes, 73.
Literature of Suicide, 29.
London, Rate of Suicide in, 94.
„ means of Suicide in, 149.
Louis IX., 15.
„ XIV., 16.
Love Affairs, 142.
Lunacy, 116–128.
Lunatics, Suicide of, 44. 123.
Lyons, Epidemic at, 130.

MacAdam *v.* Walker, 56.
Madness, Amount of, 125.
Mania, 123. 125, 126.
Marriage, 112. 114.
„ Second, 115.
Marseilles, 130.
Marshes, 79.
Martyrdom, 2.
Maupertius, 39.
Means of Cure, 171.
Means of Suicide, 144.
„ „ in India, 165.
Medical Men, Suicide of, 143.
Melancholia, 123, 124. 126.
Mental Diseases,
Metempsychosis, 2.
Mexico, 13.
Middle Ages, Suicides of the, 24.
Miletus, Suicide in, 129.
Military Life, 98.
Modern Suicides, 24.
Mohammedans, Suicide among, 12, 161.
Monday, 105.
Monomania, 123. 125, 126.
Moon, Effect of the, 102. 104.
Montaigne, 10. 38.
Monument, The, 131. 133.
Morality, 89.
Morselli on Suicide, 29. 42. 69. 87. 100. 104.
Moses, 2.
Mountains, 79.

Navy, 98. 151.
Negroes, 14. 76.
New York, Suicide in, 95. 152.
Norway, Suicide in, 60. 62. 87.
Notable Suicides, 17.
Novels, Famous, 92.
Nuns. 95.

Occupation, 95.
Odin, 14.
Old Age, 110.
Origin of the Name Suicide, 31.
Othello, 33.
Over-pressure, 112.

Pain, Suicide from, 135. 164.
Paine, Tom, on Suicide, 37.
Paris, Suicide in, 122.
Pellagra, 130.
Perihelion, 69.
Persia, 12.
Peru, 13.
Pessimism, 132.
Philosophy encourages Suicide, 3.
Poison, 146. 148.
Police, The, 155. 159.
Policies voided by Suicide, 180.
Portugal, Suicide in, 60. 87.
Post Mortem appearances, 122.
Predisposition, Hereditary, 138.
Present Rates of Suicide, 58.
Prevention, 166.
Prison Life, 100.
Prostitutes, 90.
Protestantism, 85, 87.
Protestants, Morselli's Table of Suicide by, 87.
Puerperal Suicide, 170.

Quetelet on Crime, 154.

R. *v.* Alison, 43.
R. *v.* Dyson, 43. 48.
R. *v.* Fisher, 48.
R. *v.* Gathercole, 48.
R. *v.* May, 48.
Race, Effects of, 75.
Railways, 96.
Rare Means, 153.
Regent's Canal, 59.
Religion, 85. 172.
Revenge, 162.
Revivalism, 88.
Ritualism, 88.
Rome, Ancient, Suicide in, 9.
„ „ Suicide Law in, 10.
Roman Catholics, Suicide Rates of, 85.
Rousseau, 3. 40.
Rural Life, 93.
Russia, Suicide in, 145.

Saints, Suicide of, 16.
Salvation Army, 88.
Sati, 163.
Savages, 156.
Scandinavia, 14.
School Tasks, 112.
Schopenhauer, 132.
Schwabe *v.* Clift, 53.
Scorpions, Suicide of, 176.
Scotland, Suicide in, 149, 150.
Seasons, Effect of the, 102. 154.
Sex, 107. 152.
Shakespeare, 33.
Sleep, Value of, 172.
Sleeplessness, 136. 172.
Spain, Suicide in, 60. 87. 107.
Specific Rates of Suicide, 75.
Spiritualism, 140.
Spite, 142.
Stael, Madame de, 2, 40.
Starvation, Suicide by, 152.
Stephen, Sir J., on Suicide, 48.
Stoics, the, 3. 10. 132.
Stone in the Bladder, 10.
Stoves, 147.
Sun, Effects of the, 102.
Suffocation as a means, 146.
Surgeons, Suicide of, 143.
Sunday, 105.
Sweden, Suicide in, 60, 62, 87, 111.

Tædium Vitæ, 141.
Taine on Suicide, 41.
Tall Races, 77.
Tarantulism, 130.
Temporary Insanity, 44, 46.
Tendency, Morning, to Suicide, 170.
Thames, Corpses in the, 59.
Thomas, Dr. Danford, on Suicide from Spite, 142.
Thebes, 9.
Throat-cut, 146.
Timon of Athens, 8.
Tissot on Suicide, 49, 66.
Town Life, 93.
Trades, 95.
Trousseau on Epilepsy, 119.
Tuke and Bucknill, 121, 123.

Urban Life, 93.
Utopia of More, 32.

Valhalla, 14.
Vertigo, Epileptic, 119.
Vesuvius, Mount, 133.
Vindictiveness, 142.
Virginity, 113.
Void Policies, 180,
Voltaire, 3. 39.

Warrant of a Coroner, 45.
Wars, 96. 113.
Waterloo, Battle of, 133.
Werter, Sorrows of, 41.
White *v.* Brit. Emp. Co., 55.
Widowhood, 112.
Winslow, F., on Suicide, 29.
Women choose Sunday for Suicide, 105.

Youth, 110.

Zeno, 3. 10.

ALL RIGHTS RESERVED.

LONDON:
Printed by Henry Hansard and Son, near Lincoln's Inn Fields.

April, 1885.

CATALOGUE OF WORKS

Published by

H. K. LEWIS, 136 GOWER STREET,

LONDON, W.C.

G. GRANVILLE BANTOCK, M.D., F.R.C.S., EDIN.
Surgeon to the Samaritan Free Hospital for Women and Children.

I.

ON THE USE AND ABUSE OF PESSARIES. With Illustrations, Second Edition, 8vo, 5s.

II.

A PLEA FOR EARLY OVARIOTOMY. Demy 8vo, 2s.

FANCOURT BARNES, M.D., M.R.C.P.
Physician to the Chelsea Hospital; Obstetric Physician to the Great Northern Hospital, &c.

A GERMAN-ENGLISH DICTIONARY OF WORDS AND TERMS USED IN MEDICINE AND ITS COGNATE SCIENCES. Square 12mo, Roxburgh binding, 9s.

ASHLEY W. BARRETT, M.B. LOND., M.R.C.S., L.D.S.
Dental Surgeon to, and Lecturer on Dental Surgery and Pathology in the Medical School of, the London Hospital.

DENTAL SURGERY FOR GENERAL PRACTITIONERS AND STUDENTS OF MEDICINE. With Illustrations, crown 8vo, 3s. [*Now ready.*
Lewis's Practical Series].

ROBERTS BARTHOLOW, M.A., M.D., LL.D.
Professor of Materia Medica and Therapeutics, in the Jefferson Medical College of Philadelphia, etc.

I.

A TREATISE ON THE PRACTICE OF MEDICINE FOR THE USE OF STUDENTS AND PRACTITIONERS. With Illustrations, 5th Edition, large 8vo, 21s.
[*Just published.*

II.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS. Fifth Edition, Revised and Enlarged, 8vo, 18s. [*Now ready.*

GEO. M. BEARD, A.M., M.D.
Fellow of the New York Academy of Medicine.

AND

A. D. ROCKWELL, A.M., M.D.
Fellow of the New York Academy of Medicine.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY; including Localized and General Faradization; Localized and Central Galvanization; Electrolysis and Galvano-Cautery. Fourth Edit. With nearly 200 Illustrations, roy. 8vo, 28s.

A. HUGHES BENNETT, M.D.
Member of the Royal College of Physicians of London; Physician to the Hospital for Epilepsy and Paralysis, Regent's Park; and Assistant Physician to the Westminster Hospital.

A PRACTICAL TREATISE ON ELECTRO-DIAGNOSIS IN DISEASES OF THE NERVOUS SYSTEM. With Illustrations, 8vo, 8s. 6d.

II.

ILLUSTRATIONS OF THE SUPERFICIAL NERVES AND MUSCLES, WITH THEIR MOTOR POINTS, A knowledge of which is essential in the art of Electro-Diagnosis. (Extracted from the above). 8vo, paper cover 1s. 6d., cloth 2s.

III.

ON EPILEPSY: ITS NATURE AND TREATMENT. 8vo, 2s. 6d.

DR. THEODOR BILLROTH.

Professor of Surgery in Vienna.

GENERAL SURGICAL PATHOLOGY AND THERAPEUTICS. In Fifty-one Lectures. A Text-book for Students and Physicians. Translated from the Fourth German Edition with the special permission of the Author, and revised from the Tenth German Edition, by C. E. HACKLEY, A.M., M.D. Copiously illustrated, 8vo, 18s.

G. H. BRANDT, M.D.

I.

ROYAT (LES BAINS) IN AUVERGNE, ITS MINERAL WATERS AND CLIMATE. With Preface by DR. BURNEY YEO. With Frontispiece and Map, Second Edit., crown 8vo, 2s. 6d.

II.

HAMMAM R'IRHA ALGIERS. A Winter Health Resort and Mineral Water Cure Combined. With Frontispiece and Map, crown 8vo, 2s. 6d.

GURDON BUCK, M.D.

CONTRIBUTIONS TO REPARATIVE SURGERY; shewing its application to the Treatment of Deformities, produced by Destructive Disease or Injury; Congenital Defects from Arrest or Excess of Development; and Cicatricial Contractions from Burns. Illustrated by numerous Engravings, large 8vo, 9s.

ALFRED H. CARTER, M.D. LOND.

Member of the Royal College of Physicians; Physician to the Queen's Hospital, Birmingham; Examiner in Medicine for the University of Aberdeen, &c.

ELEMENTS OF PRACTICAL MEDICINE. Third Edition, crown 8vo, 9s. [*Just published.*

P. CAZEAUX.

Adjunct Professor in the Faculty of Medicine of Paris, &c.

AND

S. TARNIER.

Professor of Obstetrics and Diseases of Women and Children in the Faculty of Medicine of Paris.

OBSTETRICS; THE THEORY AND PRACTICE; including the Diseases of Pregnancy and Parturition, Obstetrical Operations, &c. Seventh Edition, edited and revised by ROBERT J. HESS, M.D., with twelve full-page plates, five being coloured, and 165 wood-engravings, 1081 pages, royal 8vo, 35s.
[*Now ready.*

JOHN COCKLE, M.A., M.D.

Physician to the Royal Free Hospital.

ON INTRA-THORACIC CANCER. 8vo, 4s 6d.

W. H. CORFIELD, M.A., M.D. OXON.

Professor of Hygiene and Public Health in University College, London.

DWELLING HOUSES: their Sanitary Construction and Arrangements. Illustrations, Second Edition, crown 8vo, 3s. 6d. [*Just ready.*

EDWARD COTTERELL, M.R.C.S. ENG., L.R.C.P. LOND.

Late House Surgeon, University College Hospital; Atkinson Morley Surgical Scholar, University College, London, etc. etc.

ON SOME COMMON INJURIES TO LIMBS: their Treatment and After-Treatment including Bone-Setting (so-called). Imp. 16mo, with Illustrations. [*Just ready.*

J. THOMPSON DICKSON, M.A., M.B. CANTAB.

Late Lecturer on Mental Diseases at Guy's Hospital.

THE SCIENCE AND PRACTICE OF MEDICINE IN RELATION TO MIND, the Pathology of the Nerve Centres, and the Jurisprudence of Insanity; being a Course of Lectures delivered at Guy's Hospital. Illustrated by Chromo-lithographic Drawings and Physiological Portraits. 8vo, 14s.

HORACE DOBELL, M.D.

Consulting Physician to the Royal Hospital for Diseases of the Chest, &c.

I.

ON DIET AND REGIMEN IN SICKNESS AND HEALTH, and on the Interdependence and Prevention of Diseases and the Diminution of their Fatality. Seventh edition, 8vo, 10s. 6d.

II.

AFFECTIONS OF THE HEART AND IN ITS NEIGHBOURHOOD. Cases, Aphorisms, and Commentaries. Illustrated by the heliotype process. 8vo, 6s 6d.

JOHN EAGLE.

Member of the Pharmaceutical Society.

A NOTE-BOOK OF SOLUBILITIES. Arranged chiefly for the use of Prescribers and Dispensers. 12mo, 2s 6d.

JOHN ERIC ERICHSEN.

Holme Professor of Clinical Surgery in University College; Senior Surgeon to University College Hospital, &c.

MODERN SURGERY; ITS PROGRESS AND TENDENCIES. Being the Introductory Address delivered at University College at the opening of the Session, 1873-74. Demy 8vo, 1s.

DR. FERBER.

MODEL DIAGRAM OF THE ORGANS IN THE THORAX AND UPPER PART OF THE ABDOMEN. With Letter-press Description. In 4to, coloured, 5s.

AUSTIN FLINT, JR., M.D.

Professor of Physiology and Physiological Anatomy in the Bellevue Medical College, New York; Attending Physician to the Bellevue Hospital, &c.

I.

A TEXT-BOOK OF HUMAN PHYSIOLOGY; Designed for the Use of Practitioners and Students of Medicine. Illustrated by plates, and 313 wood engravings, large 8vo, 28s.

II.

THE PHYSIOLOGY OF THE SPECIAL SENSES AND GENERATION. Being Vol. V. of the PHYSIOLOGY OF MAN. Roy. 8vo, 18s.

J. MILNER FOTHERGILL, M.D.

Member of the Royal College of Physicians of London; Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, &c.

I.

THE HEART AND ITS DISEASES, WITH THEIR TREATMENT; INCLUDING THE GOUTY HEART. Second Edition, entirely re-written, copiously illustrated with woodcuts and lithographic plates. 8vo, 16s.

II.

INDIGESTION, BILIOUSNESS, AND GOUT IN ITS PROTEAN ASPECTS.

PART I.—INDIGESTION AND BILIOUSNESS. Post 8vo, 7s 6d.

PART II.—GOUT IN ITS PROTEAN ASPECTS. Post 8vo, 7s. 6d.

III.

HEART STARVATION. (Reprinted from the Edinburgh Medical Journal), 8vo, 1s.

ERNEST FRANCIS, F.C.S.

Demonstrator of Practical Chemistry, Charing Cross Hospital.

PRACTICAL EXAMPLES IN QUANTITATIVE ANALYSIS, forming a Concise Guide to the Analysis of Water, &c. Illustrated, fcap. 8vo, 2s. 6d.

HENEAGE GIBBES, M.D.

Lecturer on Physiology and Histology in the Medical School of Westminster Hospital; late Curator of the Anatomical Museum at King's College.

PRACTICAL HISTOLOGY AND PATHOLOGY. Second Edition, revised and enlarged. Crown 8vo, 5s.

C. A. GORDON, M.D., C.B.

Deputy Inspector General of Hospitals, Army Medical Department.

REMARKS ON ARMY SURGEONS AND THEIR WORKS. Demy 8vo, 5s.

W. R. GOWERS, M.D., F.R.C.P., M.R.C.S.

Physician to University College Hospital, &c.

DIAGRAMS FOR THE RECORD OF PHYSICAL SIGNS. In books of 12 sets of figures, 1s. Ditto, unbound, 1s.

SAMUEL D. GROSS, M.D., LL.D., D.C.L. OXON.

Professor of Surgery in the Jefferson Medical College of Philadelphia.

A PRACTICAL TREATISE ON THE DISEASES, INJURIES, AND MALFORMATIONS OF THE URINARY BLADDER, THE PROSTATE GLAND, AND THE URETHRA. Third Edition, revised and edited by S. W. Gross, A.M., M.D., Surgeon to the Philadelphia Hospital. Illustrated by 170 engravings, 8vo, 18s.

SAMUEL W. GROSS, A.M., M.D.

Surgeon to, and Lecturer on Clinical Surgery in, the Jefferson Medical College Hospital, and the Philadelphia Hospital, &c.

A PRACTICAL TREATISE ON TUMOURS OF THE MAMMARY GLAND; embracing their Histology, Pathology and Treatment. With Illustrations, 8vo, 10s 6d.

WILLIAM A. HAMMOND, M.D.
Professor of Mental and Nervous Diseases in the Medical Department of the University of the City of New York.

I.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. Seventh Edition, with 112 Illustrations, large 8vo, 25s.

II.

A TREATISE ON INSANITY. Large 8vo, 25s.

III.

SPIRITUALISM AND ALLIED CAUSES AND CONDITIONS OF NERVOUS DERANGEMENT. With Illustrations, post 8vo, 8s. 6d.

ALEXANDER HARVEY, M.D.
Emeritus Professor of Materia Medica in the University of Aberdeen, &c.

AND

ALEXANDER DYCE DAVIDSON, M.D.
Professor of Materia Medica in the University of Aberdeen.

SYLLABUS OF MATERIA MEDICA FOR THE USE OF TEACHERS AND STUDENTS. Based on a selection or definition of subjects in teaching and examining; and also on an estimate of the relative values of articles and preparations in the British Pharmacopœia with doses affixed. Seventh Edition, 16mo. [*In preparation.*

GRAILY HEWITT, M.D.
Professor of Midwifery and Diseases of Women in University College, Obstetrical Physician to University College Hospital, &c.

OUTLINES OF PICTORIAL DIAGNOSIS OF DISEASES OF WOMEN. Folio, 6s.

BERKELEY HILL, M.B. LOND., F.R.C.S.
Professor of Clinical Surgery in University College; Surgeon to University College Hospital, and to the Lock Hospital.

THE ESSENTIALS OF BANDAGING. For Managing Fractures and Dislocations; for administering Ether and Chloroform; and for using other Surgical Apparatus. Fifth Edition, revised and much enlarged, with Illustrations, fcap. 8vo, 5s.

BERKELEY HILL, M.B. LOND., F.R.C.S.
Professor of Clinical Surgery in University College; Surgeon to University College Hospital, and to the Lock Hospital.

AND

ARTHUR COOPER, L.R.C.P., M.R.C.S.
Late House Surgeon to the Lock Hospital, &c.

I.

SYPHILIS AND LOCAL CONTAGIOUS DISORDERS. Second Edition, entirely re-written, royal 8vo, 18s.

II.

THE STUDENT'S MANUAL OF VENEREAL DISEASES. Being a Concise Description of those Affections and of their Treatment. Third Edition, post 8vo, 2s. 6d.

HINTS TO CANDIDATES FOR COMMISSIONS IN THE PUBLIC MEDICAL SERVICE: with Examination Questions, Vocabulary of Hindustani Medical Terms, etc. 8vo, 2s.

SIR W. JENNER, BART., M.D.
Physician in Ordinary to H.M. the Queen, and to H.R.H. the Prince of Wales.

THE PRACTICAL MEDICINE OF TO-DAY: Two Addresses delivered before the British Medical Association, and the Epidemiological Society. Small 8vo, 1s. 6d.

C. M. JESSOP, M.R.C.P.
Associate of King's College, London; Brigade Surgeon H.M.'s British Forces.

ASIATIC CHOLERA, being a Report on an Outbreak of Epidemic Cholera in 1876 at a Camp near Murree in India. With map, demy 8vo, 2s. 6d.

GEORGE LINDSAY JOHNSON, M.A., M.B., B.C. CANTAB.
Clinical Assistant, late House Surgeon and Chloroformist, Royal Westminster Ophthalmic Hospital.

A NEW METHOD OF TREATING CHRONIC GLAUCOMA: Based on Recent Researches into its Pathology. With Illustrations and Coloured Frontispiece, demy 8vo, 3s. 6d.

RUSTOMJEE NASERWANJEE KHORY, M.D. BRUX., M.R.C.P.

THE PRINCIPLES AND PRACTICE OF MEDICINE. Second Edition, revised and much enlarged, 2 vols., large 8vo, 28s.

NORMAN W. KINGSLEY, M.D.S., D.D.S.
President of the Board of Censors of the State of New York; Member of the American Academy of Dental Science, &c.

A TREATISE ON ORAL DEFORMITIES AS A BRANCH OF MECHANICAL SURGERY. With over 350 Illustrations, 8vo, 16s.

E. A. KIRBY, M.D., M.R.C.S.
Late Physician to the City Dispensary.

I.

A PHARMACOPŒIA OF SELECTED REMEDIES WITH THERAPEUTIC ANNOTATIONS, Notes on Alimentation in Disease, Air, Massage, Electricity and other Supplementary Remedial Agents, and a Clinical Index; arranged as a Handbook for Prescribers. Sixth Edition, enlarged and revised, demy 4to, 7s.

II.

ON THE VALUE OF PHOSPHORUS AS A REMEDY FOR LOSS OF NERVE POWER. Fifth Edition, 8vo, 2s 6d.

J. WICKHAM LEGG, F.R.C.P.
Assistant Physician to Saint Bartholomew's Hospital, and Lecturer on Pathological Anatomy in the Medical School.

I.

ON THE BILE, JAUNDICE, AND BILIOUS DISEASES. With Illustrations in chromo-lithography, 719 pages, roy. 8vo, 25s.

II.

A GUIDE TO THE EXAMINATION OF THE URINE; intended chiefly for Clinical Clerks and Students. Fifth Edition, revised and enlarged, with additional Illustrations, fcap. 8vo, 2s 6d.

III.

A TREATISE ON HÆMOPHILIA, SOMETIMES CALLED THE HEREDITARY HÆMORRHAGIC DIATHESIS. Fcap. 4to, 7s 6d.

DR. GEORGE LEWIN.

Professor at the Fr. Wilh. University, and Surgeon-in-Chief of the Syphilitic Wards and Skin Disease Wards of the Charité Hospital, Berlin.

THE TREATMENT OF SYPHILIS WITH SUBCUTANEOUS SUBLIMATE INJECTIONS. Translated by Dr. Carl Prœgle, and Dr. E. H. Gale, late Surgeon United States Army. Small 8vo, 7s.

LEWIS'S PRACTICAL SERIES.

Under this title Mr. Lewis purposes publishing a complete series of Monographs embracing the various branches of Medicine and Surgery.

The volumes, written by well-known Hospital Physicians and Surgeons recognised as authorities in the subjects of which they treat, are in active preparation. The works are intended to be of a thoroughly Practical nature, calculated to meet the requirements of the general Practitioner, and to present the most recent information in a compact and readable form; the volumes will be handsomely got up, issued at low prices, varying with the size of the works.

THE FOLLOWING ARE NOW READY.

BODILY DEFORMITIES AND THEIR TREATMENT: A Handbook of Practical Orthopædics. By H. A. REEVES, F.R.C.S. Ed., Senior Assistant Surgeon and Teacher of Practical Surgery at the London Hospital, Surgeon to the Royal Orthopædic Hospital, etc. With numerous Illustrations, crown 8vo, 8s. 6d.

DENTAL SURGERY FOR GENERAL PRACTITIONERS AND STUDENTS OF MEDICINE. By ASHLEY W. BARRETT, M.B. Lond., M.R.C.S., L.D.S., Dental Surgeon to, and Lecturer on Dental Surgery and Pathology in the Medical School of, the London Hospital. With Illustrations, crown 8vo, 3s.

DISEASES OF THE KIDNEY AND MORBID CONDITIONS OF THE URINE DEPENDENT ON FUNCTIONAL DERANGEMENTS. By C. H. RALFE, M.D. Cantab., F.R.C.P. Lond., Assistant Physician to the London Hospital, late Senior Physician to the Seamen's Hospital, Greenwich. With Illustrations, crown 8vo. [*In the Press.*

*** Prospectus of the Series, with Specimen pages, etc., post free on application.

LEWIS'S POCKET MEDICAL VOCABULARY. [*In the press.*

J. S. LOMBARD, M.D.

Formerly Assistant Professor of Physiology in Harvard College.

I.

EXPERIMENTAL RESEARCHES ON THE REGIONAL TEMPERATURE OF THE HEAD, under Conditions of Rest, Intellectual Activity and Emotion. With Illustrations, 8vo, 8s.

II.

ON THE NORMAL TEMPERATURE OF THE HEAD. 8vo, 5s.

WILLIAM THOMPSON LUSK, A.M., M.D.

Professor of Obstetrics and Diseases of Women in the Bellevue Hospital Medical College, &c.

THE SCIENCE AND ART OF MIDWIFERY. Second Edition, with numerous Illustrations, 8vo, 18s.

JOHN MACPHERSON, M.D.

Inspector-General of Hospitals H.M. Bengal Army (Retired).
Author of "Cholera in its Home," &c.

ANNALS OF CHOLERA FROM THE EARLIEST PERIODS TO THE YEAR 1817. With a map. Demy 8vo, 7s. 6d.

DR. V. MAGNAN.

Physician to St. Anne Asylum, Paris; Laureate of the Institute.

ON ALCOHOLISM, THE VARIOUS FORMS OF ALCOHOLIC DELIRIUM AND THEIR TREATMENT. Translated by W. S. GREENFIELD, M.D., M.R.C.P. 8vo, 7s. 6d.

A. COWLEY MALLEY, B.A., M.B., B.CH. T.C.D.

PHOTO-MICROGRAPHY; including a description of the Wet Collodion and Gelatino-Bromide Processes, together with the best methods of mounting and preparing Microscopic Objects for Photo-Micrography. Second Edition, with Illustrations and Photographs, crown 8vo, 7s. 6d. [*Just published.*

PATRICK MANSON, M.D., C.M.
Amoy, China.

THE FILARIA SANGUINIS HOMINIS AND CERTAIN NEW FORMS OF PARASITIC DISEASE IN INDIA, CHINA, AND WARM COUNTRIES. Illustrated with Plates, Woodcuts, and Charts. Demy 8vo, 10s. 6d.

PROFESSOR MARTIN.

MARTIN'S ATLAS OF OBSTETRICS AND GYNÆCOLOGY. Edited by A. MARTIN, Docent in the University of Berlin. Translated and edited with additions by FANCOURT BARNES, M.D., M.R.C.P., Physician to the Chelsea Hospital; Obstetric Physician to the Great Northern Hospital; and to the Royal Maternity Charity of London, &c. Medium 4to, Morocco half bound, 31s. 6d. net.

J. F. MEIGS, M.D.
Consulting Physician to the Children's Hospital, Philadelphia.

AND

W. PEPPER, M.D.
Lecturer on Clinical Medicine in the University of Pennsylvania.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN. Seventh Edition, revised and enlarged roy. 8vo, 28s.

WILLIAM MARTINDALE, F.C.S.
Late Examiner of the Pharmaceutical Society, and late Teacher of Pharmacy and Demonstrator of Materia Medica at University College.

AND

W. WYNN WESTCOTT, M.B. LOND.
Deputy Coroner for Central Middlesex.

THE EXTRA PHARMACOPŒIA of Unofficial Drugs and Chemical and Pharmaceutical Preparations. With References to their Use abstracted from the Medical Journals, and a Therapeutic Index of Diseases and Symptoms. Third Edition, revised with numerous additions, limp roan, med. 24mo, 7s.

[*Now ready.*

WM. JULIUS MICKLE, M.D., M.R.C.P.
Member of the Medico-Psychological Association of Great Britain and Ireland; Member of the Clinical Society, London; Medical Superintendent, Grove Hall Asylum, London.

GENERAL PARALYSIS OF THE INSANE. 8vo, 10s.

KENNETH W. MILLICAN, B.A. CANTAB., M.R.C.S.

THE EVOLUTION OF MORBID GERMS: A Contribution to Transcendental Pathology. Cr. 8vo, 3s. 6d.

STEPHEN MONCKTON, M.D., F.R.C.P.

THE METAPHYSICAL ASPECT OF NATURAL HISTORY. Illustrations, imp. 16mo, 2s.

E. A. MORSHEAD, M.R.C.S., L.R.C.P.
Assistant to the Professor of Medicine in University College, London.

TABLES OF THE PHYSIOLOGICAL ACTION OF DRUGS. Fcap. 8vo, 1s.

A. STANFORD MORTON, M.B., F.R.C.S. ED.
Senior Assistant Surgeon, Royal South London Ophthalmic Hospital.

REFRACTION OF THE EYE: Its Diagnosis, and the Correction of its Errors, with Chapter on Keratoscopy. Second Edition. Small 8vo, 2s. 6d.

WILLIAM MURRELL, M.D., F.R.C.P.
Lecturer on Materia Medica and Therapeutics at Westminster Hospital; Examiner in Materia Medica in the University of Edinburgh.

I.

WHAT TO DO IN CASES OF POISONING. Fourth Edition, revised and enlarged, royal 32mo, 3s. 6d.

II.

NITRO-GLYCERINE AS A REMEDY FOR ANGINA PECTORIS. Crown 8vo, 3s. 6d.

WILLIAM NEWMAN, M.D., F.R.C.S.
Surgeon to the Stamford Infirmary.

SURGICAL CASES: Mainly from the Wards of the Stamford, Rutland, and General Infirmary. 8vo, paper boards, 4s. 6d.

DR. FELIX VON NIEMEYER.
Late Professor of Pathology and Therapeutics; Director of the Medical Clinic of the University of Tübingen.

A TEXT-BOOK OF PRACTICAL MEDICINE, WITH PARTICULAR REFERENCE TO PHYSIOLOGY AND PATHOLOGICAL ANATOMY. Translated from the Eighth German Edition, by special permission of the Author, by GEORGE H. HUMPHREY, M.D., and CHARLES E. HACKLEY, M.D. Revised Edition, 2 vols., large 8vo, 36s.

C. F. OLDHAM, M.R.C.S., L.R.C.P.
Surgeon H.M. Indian Forces; late in Medical charge of the Dalhousie Sanitarium.

WHAT IS MALARIA? AND WHY IS IT MOST INTENSE IN HOT CLIMATES? An explanation of the Nature and Cause of the so-called Marsh Poison, with the Principles to be observed for the Preservation of Health in Tropical Climates and Malarious Districts. Demy 8vo, 7s. 6d.

G. OLIVER, M.D., M.R.C.P.

I.

THE HARROGATE WATERS: Data Chemical and Therapeutical, with notes on the Climate of Harrogate. Addressed to the Medical Profession. Crown 8vo, with Map of the Wells, 3s. 6d.

II.

ON BEDSIDE URINE TESTING: a Clinical Guide to the Observation of Urine in course of Work. Third Edit., considerably enlarged, fcap. 8vo, 3s. [*Just published*

JOHN S. PARRY, M.D.

Obstetrician to the Philadelphia Hospital, Vice-President of the Obstetrical and Pathological Societies of Philadelphia, &c.

EXTRA-UTERINE PREGNANCY; Its Causes, Species, Pathological Anatomy, Clinical History, Diagnosis, Prognosis and Treatment. 8vo, 8s.

E. RANDOLPH PEASLEE, M.D., LL.D.

Late Professor of Gynæcology in the Medical Department of Dartmouth College; President of the New York Academy of Medicine, &c., &c.

OVARIAN TUMOURS: Their Pathology, Diagnosis, and Treatment, especially by Ovariotomy. Illustrations, roy. 8vo, 16s.

G. V. POORE, M.D., F.R.C.P.

Professor of Medical Jurisprupence, University College; Assistant Physician and Physician in charge of the Throat Department of University College Hospital.

LECTURES ON THE PHYSICAL EXAMINATION OF THE MOUTH AND THROAT. With an appendix of Cases. 8vo, 3s. 6d.

R. DOUGLAS POWELL, M.D., F.R.C.P., M.R.C.S.

Physician to the Hospital for Consumption and Diseases of the Chest at Brompton, Physician to the Middlesex Hospital.

DISEASES OF THE LUNGS AND PLEURÆ. Third Edition, re-written and enlarged, with Illustrations, 8vo. [*In the press.*

C. H. RALFE, M.A., M.D. CANTAB., F.R.C.P. LOND.

Assistant Physician to the London Hospital; late Senior Physician to the Seamen's Hospital, Greenwich.

DISEASES OF THE KIDNEY AND MORBID CONDITIONS OF THE URINE DEPENDENT ON FUNCTIONAL DERANGEMENTS. With Illustrations, crown 8vo. [*In the press.*

AMBROSE L. RANNEY, A.M., M.D.
Adjunct Professor of Anatomy in the University of New York, &c.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM, being a study of this portion of the Human Body from a stand-point of its general interest and practical utility, designed for use as a Text-book and a work of Reference. With 179 Illustrations, 8vo, 20s.

H. A. REEVES, F.R.C.S. ED.
Senior Assistant Surgeon and Teacher of Practical Surgery at the London Hospital; Surgeon to the Royal Orthopædic Hospital, &c.

BODILY DEFORMITIES AND THEIR TREATMENT: A Handbook of Practical Orthopædics. With numerous Illustrations, crown 8vo, 8s. 6d. [*Now ready. Lewis's Practical Series*].

RALPH RICHARDSON, M.A., M.D.
Fellow of the College of Physicians, Edinburgh.

ON THE NATURE OF LIFE: An Introductory Chapter to Pathology. Second Edition, revised and enlarged, Fcap. 4to, 10s. 6d.

W. RICHARDSON, M.A., M.D., M.R.C.P.

REMARKS ON DIABETES, ESPECIALLY IN REFERENCE TO TREATMENT. Demy 8vo, 2s. 6d.

SYDNEY RINGER, M.D.,
Professor of the Principles and Practice of Medicine in University College; Physician to, and Professor of Clinical Medicine in, University College Hospital.

I.

A HANDBOOK OF THERAPEUTICS. Eleventh Edition, revised, 8vo. [*In the press.*

II.

ON THE TEMPERATURE OF THE BODY AS A MEANS OF DIAGNOSIS AND PROGNOSIS IN PHTHISIS. Second Edition, small 8vo, 2s. 6d.

FREDERICK T. ROBERTS, M.D., B.SC., F.R.C.P.

Examiner in Medicine at the Royal College of Surgeons; Professor of Therapeutics in University College; Physician to University College Hospital; Physician to the Brompton Consumption Hospital, &c.

I.

A HANDBOOK OF THE THEORY AND PRACTICE OF MEDICINE. Sixth Edition, with Illustrations, in one volume, large 8vo, 21s. [*Just published.*

II.

NOTES ON MATERIA MEDICA AND PHARMACY. Fcap. 8vo, 7s. 6d. [*Now ready.*

D. B. ST. JOHN ROOSA, M.A., M.D.

Professor of Diseases of the Eye and Ear in the University of the City of New York; Surgeon to the Manhattan Eye and Ear Hospital; Consulting Surgeon to the Brooklyn Eye and Ear Hospital, &c., &c.

A PRACTICAL TREATISE ON THE DISEASES OF THE EAR, including the Anatomy of the Organ. Sixth Edition, Illustrated by wood engravings and chromo-lithographs, large 8vo, 25s.

W. H. O. SANKEY, M.D. LOND., F.R.C.P.

Late Lecturer on Mental Diseases, University College, and School of Medicine, London; Formerly Medical Superintendent (Female Department) of Hanwell Asylum; President of Medico-Psychological Society, &c.

LECTURES ON MENTAL DISEASE. Second Edition, with coloured plates, 8vo, 12s. 6d. [*Now ready.*

ALDER SMITH, M.B. LOND., F.R.C.S.

Resident Medical Officer, Christ's Hospital, London.

RINGWORM: ITS DIAGNOSIS AND TREATMENT. Third Edition, rewritten and enlarged, fcap. 8vo. [*In the press.*

J. LEWIS SMITH, M.D.

Physician to the New York Infants' Hospital; Clinical Lecturer on Diseases of Children in Bellevue Hospital Medical College.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. Fifth Edition, with Illustrations, large 8vo, 21s.

FRANCIS W. SMITH, M.B., B.S.

THE LEAMINGTON WATERS: Chemically, Therapeutically, and Clinically Considered; with Observations on the Climate of Leamington. With Illustrations, crown 8vo, 2s. 6d.

JAMES STARTIN, M.B., M.R.C.S.

Surgeon and Joint Lecturer to St. John's Hospital for Diseases of the Skin.

LECTURES ON THE PARASITIC DISEASES OF THE SKIN. Vegetoid and Animal. With Illustrations, crown 8vo, 3s. 6d.

LEWIS A. STIMSON, B.A., M.D.

Surgeon to the Presbyterian Hospital; Professor of Pathological Anatomy in the Medical Faculty of the University of the City of New York.

A MANUAL OF OPERATIVE SURGERY. With three hundred and thirty-two Illustrations. Post 8vo, 10s. 6d.

HENRY R. SWANZY, A.M., M.B., F.R.C.S.I.

Examiner in Ophthalmic Surgery University of Dublin; Surgeon to the National Eye and Ear Infirmary, Dublin; Ophthalmic Surgeon to the Adelaide Hospital, Dublin.

HANDBOOK OF DISEASES OF THE EYE AND THEIR TREATMENT. Illustrated with Wood Engravings, Colour Tests, etc., large post 8vo, 10s. 6d. [*Now ready.*

HUGH OWEN THOMAS, M.R.C.S.

I.

DISEASES OF THE HIP, KNEE, AND ANKLE JOINTS, with their Deformities, treated by a new and efficient method. With an Introduction by RUSHTON PARKER, F.R.C.S., Lecturer on Surgery at the School of Medicine, Liverpool. Second Edition, 8vo, 25s.

II.

CONTRIBUTIONS TO MEDICINE AND SURGERY:

PART 1.—Intestinal Obstruction; with an appendix on the Action of Remedies. 10s.

,, 2.—The Principles of the Treatment of Joint Disease, Inflammation, Anchylosis, Reduction of Joint Deformity, Bone Setting. 5s.

,, 5.—On Fractures of the Lower Jaw. 1s.

,, 8.—The Inhibition of Nerves by Drugs. Proof that Inhibitory Nerve-Fibres do not exist. 1s.

(Parts 3, 4, 6, 7, 9, 10, are expected shortly).

J. ASHBURTON THOMPSON, M.R.C.S.

FREE PHOSPHORUS IN MEDICINE WITH SPECIAL REFERENCE TO ITS USE IN NEURALGIA. A contribution to Materia Medica and Therapeutics. An account of the History, Pharmaceutical Preparations, Dose, Internal Administration, and Therapeutic uses of Phosphorus; with a Complete Bibliography of this subject, referring to nearly 200 works upon it. Demy 8vo, 7s. 6d.

J. C. THOROWGOOD, M.D.

Assistant Physician to the City of London Hospital for Diseases of the Chest.

THE CLIMATIC TREATMENT OF CONSUMPTION AND CHRONIC LUNG DISEASES. Third Edition, post 8vo, 3s. 6d.

EDWARD T. TIBBITS, M.D. LOND.

Physician to the Bradford Infirmary and to the Bradford Fever Hospital.

MEDICAL FASHIONS IN THE NINETEENTH CENTURY: including a sketch of Bacterio-Mania and the Battle of the Bacilli. Crown 8vo, 2s. 6d.

LAURENCE TURNBULL, M.D., PH.G.

Aural Surgeon to Jefferson Medical College Hospital, &c., &c.

ARTIFICIAL ANÆSTHESIA: A Manual of Anæsthetic Agents, and their Employment in the Treatment of Disease. Second Edition with Illustrations, crown 8vo, 6s.

W. H. VAN BUREN, M.D., LL.D.

Professor of Surgery in the Bellevue Hospital Medical College.

DISEASES OF THE RECTUM: and the Surgery of the Lower Bowel. Second Edition, with Illustrations, 8vo, 14s.

RUDOLPH VIRCHOW, M.D.

Professor in the University, and Member of the Academy of Sciences of Berlin, &c.

INFECTION-DISEASES IN THE ARMY, chiefly Wound Fever, Typhoid, Dysentery, and Diphtheria. Translated from the German by JOHN JAMES, M.B., F.R.C.S. Fcap. 8vo, 1s. 6d.

ALFRED VOGEL, M.D.

Professor of Clinical Medicine in the University of Dorpat, Russia.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN. Translated and Edited by H. RAPHAEL, M.D. From the Fourth German Edition, Illustrated by six lithographic plates, part coloured, large 8vo, 18s.

A. DUNBAR WALKER, M.D., C.M.

THE PARENTS' MEDICAL NOTE BOOK. Oblong post 8vo, cloth, 1s. 6d.

JOHN R. WARDELL, M.D., F.R.C.P.

Consulting Physician to Tunbridge Wells General Hospital.

CONTRIBUTIONS TO PATHOLOGY AND THE PRACTICE OF MEDICINE. Medium 8vo. [*In the press.*

A. DE WATTEVILLE, M.A., M.D., B.SC., M.R.C.S.

Physician in Charge of the Electro-therapeutical Department of St. Mary's Hospital.

A PRACTICAL INTRODUCTION TO MEDICAL ELECTRICITY. Second Edition, re-written and enlarged, copiously Illustrated, 8vo, 9s.

W. SPENCER WATSON, F.R.C.S., M.B.

Surgeon to the Great Northern Hospital; Surgeon to the Royal South London Ophthalmic Hospital.

I.

EYEBALL TENSION: its Effects on the Sight and its Treatment. With Woodcuts, post 8vo, 2s. 6d.

II.

DISEASES OF THE NOSE AND ITS ACCESSORY CAVITIES. Profusely Illustrated, demy 8vo, 18s.

III.

ON ABSCESS AND TUMOURS OF THE ORBIT. Post 8vo, 2s. 6d.

FRANCIS WELCH, F.R.C.S.

Surgeon-Major, A.M.D.

ENTERIC FEVER: its Prevalence and Modifications; Etiology; Pathology and Treatment; as illustrated by Army Data at Home and Abroad. Demy 8vo, 5s. 6d.

DR. F. WINCKEL.

Formerly Professor and Director of the Gynæcological Clinic at the University of Rostock.

THE PATHOLOGY AND TREATMENT OF CHILD-BED: A Treatise for Physicians and Students. Translated from the Second German Edition, with many additional notes by the Author, by J. R. CHADWICK, M.D. 8vo, 14s.

EDWARD WOAKES, M.D.

Senior Aural Surgeon and Lecturer on Aural Surgery at the London Hospital; Senior Surgeon to the Hospital for Diseases of the Throat.

ON DEAFNESS, GIDDINESS, AND NOISES IN THE HEAD.

PART I.—POST-NASAL CATARRH, AND DISEASES OF THE NOSE CAUSING DEAFNESS. With Illustrations, crown 8vo, 6s. 6d.

PART II.—ON DEAFNESS, GIDDINESS, AND NOISES IN THE HEAD. Third Edition, with Illustrations, crown 8vo. [*In preparation.*

E. T. WILSON, B.M. OXON., F.R.C.P. LOND.

Physician to the Cheltenham General Hospital and Dispensary.

DISINFECTANTS AND HOW TO USE THEM. In Packets of one doz. price 1s.

CLINICAL CHARTS FOR TEMPERATURE OBSERVATIONS, ETC. Arranged by W. RIGDEN, M.R.C.S. Price 7s. per 100, or 1s. per doz.

Each Chart is arranged for four weeks, and is ruled at the back for making notes of cases; they are convenient in size, and are suitable both for hospital and private practice.

PERIODICAL WORKS PUBLISHED BY H. K. LEWIS.

THE NEW SYDENHAM SOCIETY'S PUBLICATIONS. Annual Subscription, One Guinea.

(Report of the Society, with Complete List of Works and other information, gratis on application).

THE NEW YORK MEDICAL JOURNAL. A Weekly Review of Medicine. Annual Subscription, One Guinea, post free.

ARCHIVES OF PEDIATRICS. A Monthly Journal, devoted to the Diseases of Infants and Children. Annual Subscription, 12s. 6d., post free.

MEDICAL BULLETIN. A Monthly Journal of Medicine and Surgery. Edited by Dr. J. V. Shoemaker. Annual Subscription, 5s.

THE THERAPEUTIC GAZETTE. A Monthly Journal, devoted to the Science of Pharmacology, and to the introduction of New Therapeutic Agents. Edited by Drs. H. C. Wood and R. M. Smith. Annual Subscription, 10s., post free.

THE GLASGOW MEDICAL JOURNAL. Published Monthly. Annual Subscription, 20s., post free. Single numbers, 2s. each.

LIVERPOOL MEDICO-CHIRURGICAL JOURNAL, including the Proceedings of the Liverpool Medical Institution. Published twice yearly, 3s. 6d. each number.

THE MIDLAND MEDICAL MISCELLANY AND PROVINCIAL MEDICAL JOURNAL. Annual Subscription, 7s. 6d., post free.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Volumes I. to VI., now ready, 8vo, 10s. 6d. each.

THE INDIAN MEDICAL JOURNAL. A Journal of Medical and Sanitary Science specially devoted to the Interests of the Medical Services. Annual Subscription, 24s., post free.

*** Mr. Lewis has transactions with the leading publishing firms in America for the sale of his publications in that country. Arrangements are made in the interests of Authors either for sending a number of copies of their works to the United States, or having them reprinted there, as may be most advantageous.

Mr. Lewis's publications can be procured of any bookseller in any part of the world.

London: Printed by H. K. Lewis, Gower Street, W.C.

34.Hs.108.
Suicide; its history, literatur1885
Countway Library
BFA4987
3 2044 046 165 528

34.Hs.108.
Suicide; its history, literatur1885
Countway Library
BFA4987
3 2044 046 165 528